

# EFFECTIVENESS OF THE NATIONAL YOUTH ANTI- DRUG MEDIA CAMPAIGN

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## HEARING BEFORE A SUBCOMMITTEE OF THE COMMITTEE ON APPROPRIATIONS UNITED STATES SENATE ONE HUNDRED SEVENTH CONGRESS SECOND SESSION

**SPECIAL HEARING**  
JUNE 19, 2002—WASHINGTON, DC

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## **EFFECTIVENESS OF THE NATIONAL YOUTH ANTI-DRUG MEDIA CAMPAIGN**

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**WEDNESDAY, JUNE 19, 2002**

U.S. SENATE,  
SUBCOMMITTEE ON TREASURY AND  
GENERAL GOVERNMENT,  
COMMITTEE ON APPROPRIATIONS,  
*Washington, DC.*

The subcommittee met at 2:34 p.m., in room SD-192, Dirksen Senate Office Building, Hon. Byron L. Dorgan (chairman) presiding.

Present: Senators Dorgan and Campbell.

### **OPENING STATEMENT OF SENATOR BYRON L. DORGAN**

Senator DORGAN. The subcommittee will come to order.

This is the Appropriations Subcommittee on Treasury and General Government and we are holding a hearing today on the effectiveness of the National Youth Anti-Drug Media Campaign.

Let me begin with a very brief statement, after which I will call on my colleague, Senator Campbell, the ranking member on the subcommittee.

The idea behind the National Youth Anti-Drug Media Campaign started over 4 years ago with an effort that used a combination of government-purchased advertising time matched by equal contributions from the private sector to harness the power of advertising to deter drug use among our youth. We have made a very large investment, nearly \$1 billion, since this program was initiated in 1998.

While virtually everyone lauds the Anti-Drug Campaign's goals, some ask questions about whether the taxpayers are getting a fair return for the dollars spent. The bottom line is, should Congress continue to allocate \$180 million to keep the campaign operating through the Federal Government through the coming fiscal year?

We are going to examine this and other issues today, starting with an evaluation done for the media campaign itself by the highly regarded Westat Communications Group and the Annenberg School for Communications at the University of Pennsylvania. That study concluded that while there is a favorable effect on parents from the advertising media campaign, kids have not benefitted in quite the same way. The lead researcher, who will testify today, says there was no significant decline in marijuana use among youth resulting from exposure to the campaign, nor were attitudes about drug use improved.

Ironically, young girls who saw the most ads were more likely to start marijuana use than those with less exposure to the anti-drug ads, according to the review. While it is not clear what the unintended outcome means, the phenomenon needs to be explored.

In fact, the Director of the Office of National Drug Control Policy, Mr. Walters, has already said that a review of the study suggests that if the campaign cannot reduce drug use, then changes should be made. We are anxious to receive his views in some depth today.

Aside from its impact, there are a number of other questions about the way the Anti-Drug Media Campaign is being run. First, ONDCP has awarded many contracts and subcontracts. I believe that the subcontractors total somewhere over 30 at this point. The Fleishman Hillard public relations firm received a \$10 million multi-year contract for research and development services, which I am told is the largest such award ever. Most ad campaigns make such deals on a yearly basis.

Experts do say that the media campaign is on target in terms of the ratio of dollars spent on advertising. Eighty-seven percent of the money goes for that purpose, we are told. On the other hand, production costs for the spots have raised some eyebrows. Some production spots have been up to \$600,000 for ads. How do these figures compare with other marketing campaigns and advertising buys in the private sector? There is an urgent need to get to the bottom of these and a number of other questions that we will ask.

In the 1990s, the number of youth seeking treatment for drug problems in the United States rose more than 50 percent. Fifty-four percent of teens will have tried an illicit drug by the time they finish high school. Nearly one-third of the 12th graders have used an illicit drug other than marijuana.

It is quite clear to all of us that advertising affects and impacts behavior. These powerful messages can motivate us to buy everything from toothpaste to automobiles. What Congress and the public need to know today is if the government and the administration is tailoring the \$1 billion now anti-drug investment with the same efficiency as it is tailored in the private sector. The reason is compelling for all of us. We are not just trying to sell soap. We are trying to save lives. That is what this campaign was about in its origin and that is what the questions will relate to today.

We are not coming to this hearing suggesting anything, that we ought to continue or scrap or change this campaign. We come to this hearing only asking a question about a very sizeable expenditure, a proposed \$180 million expenditure in this coming year once again. Is this working? What are the results? What should we expect the results to be? How can we measure the performance of this very expensive campaign? Is it perhaps the case that this campaign is an outstanding example of exactly what we should do? Perhaps it needs some modifications. Or is it a circumstance where this has not worked the way it was expected and there is perhaps no way it can work?

I do not know the answers to any of those questions, but the purpose of this oversight hearing is to ask those questions.

## PREPARED STATEMENT

I am pleased that my colleague, Senator Campbell, and I have had discussions about this campaign. We have had exactly the same thoughts about this, wondering what is the effect of it all, because this is a very significant part of that which we spend in this subcommittee each and every year.

[The statement follows:]

## PREPARED STATEMENT OF SENATOR BYRON L. DORGAN

When kids and their parents turn on the TV, are they getting a message to turn off drug use? That was the idea behind the National Youth Anti-Drug Media Campaign. Started over 4 years ago, the effort has used a combination of government purchased ad time, matched by equal contributions from the private sector, to harness the power of advertising to deter drug use among our youth.

The investment has been huge, nearly \$1 billion since the program was initiated in 1998. While virtually everyone lauds the anti-drug campaign's goals, questions are now being asked about whether the taxpayers are getting a fair return for every ad dollar spent. The bottom line—should Congress allocate up to another \$180 million to keep the campaign operating through the Federal Government?

We're going to examine this and other issues today, starting with a disturbing evaluation done for the media campaign itself by the highly regarded Westat communications group and the Annenberg School for Communication of the University of Pennsylvania.

The study concluded that while there is a favorable effect on parents from the ad blitz, kids do not benefit in the same way. The lead researcher, who will testify today, says there was no significant decline in marijuana use among youth resulting from exposure to the campaign, nor were attitudes about drug use improved.

Ironically, girls who saw the most ads were more likely to start marijuana use than those with less exposure to the anti-drug messages. While it's not clear what that unintended outcome means, the phenomenon needs to be explored.

In fact, John Walters, the Director of the Office of National Drug Control Policy has already said that a review of the study suggests that if the campaign can't reduce drug use then changes need to be made. We're anxious to receive his views in depth today.

Aside from its impact, there are a number of other questions about the way the anti-drug media campaign is being run. First, the ONDCP has awarded a number of contracts and subcontracts. Was the scope and cost of the work done within proper bounds?

The ONDCP media campaign is thought to be the most diverse of its kind, reaching out to a wide variety of ethnic groups from Asian Americans to Alaskan Natives. Is the entire expense justified?

The Fleishman Hillard public relations firm received a \$10 million multi-year contract for research and development services—the largest such award ever. However, most ad campaigns make such deals on a yearly basis only.

Experts do say that the media campaign is on target in terms of the ratio of dollars spent on advertising—87 percent of the money goes for that purpose. On the other hand, production costs for the spots have raised some eyebrows. Private sector ads generally don't top \$500,000 while ONDCP may spend up to \$600,000 on these ads.

How do these figures compare with other social marketing campaigns or advertising buys in the private sector?

There is an urgent need to get to the bottom of these and other crucial questions. In the 90's the number of youth seeking treatment for drug problems in the United States rose more than 50 percent.

Fifty-four percent of teens will have tried an illicit drug by the time they finish high school. Nearly one-third of twelfth graders have used an illicit drug other than marijuana.

It's clear that advertising impacts behavior. These powerful messages can motivate us to buy everything from toothpaste to automobiles.

What Congress and the public need to know today is if the government and the administration is tailoring its billion dollar anti-drug investment with the same efficiency as its Madison Avenue counterparts.

The reason is compelling: We're not just trying to sell soap. We're hoping to save lives.

## STATEMENT OF SENATOR BEN NIGHTHORSE CAMPBELL

Senator DORGAN. Let me call on the ranking member of the subcommittee, Senator Campbell.

Senator CAMPBELL. Thank you, Mr. Chairman. I think you might be a little more charitable than I am in my comments, but I do thank you for convening this hearing to deal with a series of rather disturbing events lately around the National Youth Anti-Drug Media Campaign and I hope we can get to the bottom of it.

I, as you know, served as the chairman of this subcommittee when funding for the National Media Campaign for Youth was first requested in fiscal year 1998. At that time, the then-Director of the ONDCP, Barry McCaffrey, outlined the administration's proposal to supplement already existing—I repeat, already existing—anti-drug public service announcements by purchasing prime time TV slots.

I had some reservations then and so did the then-ranking member Herb Kohl, but it sounded good and both of us ended up supporting it. It was described to us as a 5-year project which would cost \$175 million a year and that Federal funds would be matched by private contributions. Although I was somewhat skeptical about the high cost of the program and the lack of detail, I was and am still determined to do whatever is necessary to reduce drug use by youngsters in our country.

Over the next 4 fiscal years, we continued to fund this project for a total of almost \$929 million with specific reporting requirements to make sure that the funds were being spent appropriately, and I have to tell you, getting accurate information about this project has been very, very difficult.

Now we have a comprehensive evaluation, as you mentioned, of this National Youth Anti-Drug Media Campaign which basically says that while both youngsters and parents remember seeing the ads and parents may be using what they learned to talk to their kids about drugs, there is, and I quote, “little evidence of direct favorable campaign effects on youth.”

Mr. Chairman, I think that I probably speak for many other members when I say that we will do whatever is necessary. As I have already said once, it is extremely important to reduce the drug use in America. But the key is to spend our resources on programs that actually work. In the last 5 years, we have seen money spent in magazines that youngsters do not read, such as the U.S. News and World Report. I might mention that it was told to me, that their parents may read that and then talk to the youngsters about the bad effects of drugs. Well, maybe so, but that is kind of a stretch from what I originally had viewed the money going to in terms of ads.

We have seen trades made of government money to different network stations where they would put, in lieu of purchasing ads, the networks would put bylines in the scripts of sit-coms and things of that nature in lieu of purchasing ads, thereby enabling the networks to resell the ad space, which is to me a form of double-dipping. But this national media campaign has become what we were really worried about right from the beginning, a cash cow for many



of the networks when they should be doing more public service anyway.

I expect that this afternoon we will probably hear various folks tell us why the media campaign has not lived up to its potential, what steps can be taken to fix it, and I am certainly willing to listen. But I have got to tell you, it is going to take some convincing, for me to support full funding for this program when we are in an era that is going to see us going into deficit spending again.

To make matters worse, Mr. Chairman, you might like to look at this when you have the time. There now are some disturbing reports, and frankly, I have not researched it, just heard about it, but that at least some of the appropriated money has been funneled to campaign initiatives in at least three States to sway public opinion on ballot initiatives dealing with the use of marijuana. That is not what we had in mind 6 years ago and almost \$930 million ago.

I see that we have a very large audience today. When we first started this program, of course, there was almost nobody sitting in the audience. As somebody mentioned to me a while ago, there are now 30 subcontractors working. I imagine all of them have their own interest in continuing this program, because when you are spending hundreds of millions of dollars every year, clearly, there is a lobbying effort to keep spending the money. But I have to tell you, unless we do better or make some change, I am inclined to scrap the whole program and start over with something that we can get a better handle on.

Thank you, Mr. Chairman.

Senator DORGAN. Senator Campbell, thank you very much.

Director Walters, we thank you for being here today. I would like, if I can indulge upon you, to ask if you would present testimony, following which—we have three other witnesses—I would like to hear their testimony and then have the opportunity to question all four of you, for no particular reason except that it would be helpful, it seems to me, for both you and for us to be able to compare what the Partnership for a Drug-Free America and also the folks who did the evaluation will testify about. But depending on your time circumstance, I will ask if you would do that for us.

Why do you not proceed. Your full statement will be made a part of the record and you may summarize.

**STATEMENT OF JOHN P. WALTERS, DIRECTOR, OFFICE OF NATIONAL  
DRUG CONTROL POLICY, EXECUTIVE OFFICE OF THE PRESI-  
DENT**

**INTRODUCTION**

Mr. WALTERS. Thank you. I would be happy to try to stay. Since I was not aware that you wanted to do this, I have a commitment on the House side to see somebody in connection with this, so depending on how the time goes, I will be happy to do what I can to accommodate you.

Thank you, Mr. Chairman. Thank you, Ranking Member Campbell. I am pleased to be able to talk with you again about this program and I also want to thank the Committee for receiving written testimony from such key partners here as the Ad Council, the Community Anti-Drug Coalitions of America, and for calling the Partnership for a Drug-Free America to testify in person.

I would like to start by taking you up on the opportunity to persuade you that this is something that I think is an important tool that we should support. I repeat the President's support for the request for \$180 million for the coming fiscal year and our desire to reauthorize this program.

Having said that, that is not in ignorance of the issues that you have raised and that are raised by the evaluation. We have, as you pointed out, an evaluation of the campaign. It is an expensive and detailed evaluation. There has been discussion in the past about the need for such a sophisticated evaluation. My own view is that such a sophisticated evaluation is crucial. Otherwise, I think we do not have sufficient evaluations in enough program areas to be sure that we are making a difference.

As I said to you when I testified earlier this year, I believe one of the single greatest tasks we have in getting this problem under control in the country is overcoming cynicism, and we are not going to overcome it with program efforts that do not work. We need to make sure we understand what is going on and we need to make sure things that are going on are effective.

#### EVALUATION

This evaluation gave us an opportunity to look at, as specifically as is possible, I believe, the effectiveness of the ads and the ad program that we are funding with substantial government resources. In the past, and I think in some comparisons in the discussion of these matters, there is frequently use of correlations, which happens in a lot of complex public policy areas.

I would say from my experience and looking here, I would be very careful, because there is a tendency to reduce things down to correlations, but correlations may or may not be meaningful, especially in these products. I think what you see is, in advertising especially, I can sit in my office and watch an ad and say, that is striking to me, but if it is designed to be targeted at teenagers, it may not be effective. We need to do testing before we show them, and we need to make sure we are aware of whether or not they are working.

Correlations alone, of multiple cultural forces on a complex issue like this, are a problem and I urge you to take time with these experts to make sure that when the evidence that you are relying on is the evidence I have been presented with, while trying to sort through this, it is apples and apples and not, in some degree, correlations which may be problematic.

Having said that, I think the evaluation does show that we have positive news with regard to parents. Roughly half of the effort that was focused on getting parents to become more involved with young people because of the power of parents' influence on the attitudes they convey to young people, their approval of behavior that is important to young people, and most importantly, perhaps, their willingness to supervise young people and not allow idle time to be used for drugs and other delinquent behaviors is important. That is working. It is not only working in the evaluation in terms of what parents report, but it is also working in terms of what the evaluation shows. Young people report that parents are talking to them more, that they are supervising them more.

Nonetheless, we also have the troubling news that the Campaign has not had an effect on the behavior of young people regarding drug use, which is our central focus. In talking to you and your staff before this, I would like to focus the latter part of my summary on the question that I think is central, what I propose to do from here for your consideration in reviewing this program.

#### MODIFICATIONS

As I told you when I testified earlier this year on the broader appropriations issues concerning this Campaign, I started taking some steps to modify the Campaign when I took office in December. Those steps were put in place at the beginning of this year. Some of them are ongoing and I would recommend some other ones. They are not part of the evaluation that you will be hearing about today, which ended in December, but let me summarize them and tell you which I think are still salient and I intend to pursue, if you agree, in the future.

The first is testing. It was my view in constructing the first ads I was responsible for, the ads linking drugs and terror that first debuted at the Super Bowl this year, to be sure that we had as much information as possible on how effective the material put on the air was going to be. This included testing in early stages of development, mid-stage, and final, again, to make sure that what we saw as adults or others that were consultants said was confirmed as much as we could by detailed testing.

Roughly 1,300 people were involved in focus groups. I watched some of the video tapes with young people on those ads. We knew when we put them on, as far as I could tell, they were as powerful as they could be. They were not just anti-drug ads, they were powerful, and that was what we were concerned about.

Secondly, I think that we need to change the age focus of the Campaign. I know there was an effort earlier on in the Campaign to focus on younger teens because the argument was that we need to get them before initiation, we need to try to change attitudes early on. I think that has now been shown to be potentially problematic in some cases with the material that was involved, but also there are, I think, clear reasons now to make the age target older.

We have long-term evidence suggesting that drug use doubles between junior high school and high school years. We cannot just inoculate young people when they are young and expect that to carry over. They are rethinking their attitudes during that period of life. We have to have something that is more consistent. We also can put more power, I believe, behind ads that are targeted for older teens and material that may be inappropriate for younger children.

In addition, and subsequent to the drugs and terror ads, some of which are still running, we are going with other ads. We have in development ads that are going to focus on marijuana. The reason for this is several-fold, and based on evidence and review of policy and the state of this problem since I took office.

First of all, we have known for some time that a large part of the illegal drug consumption problem in this country is focused on marijuana and that many young people, marijuana has been a drug that is the first that they try and increases the likelihood that they will go on to other drugs.

More importantly now, we are looking and reviewing material, partly from the National Household Survey, to deploy the President's commitment to add money to treatment, \$1.6 billion over the next 5 years. Last year, for the first time, we had access in the National Household Survey data results to questions that were inserted to determine in the household population, what percentage of that population had dependency problems and what the character of those dependencies were.

For the first time, we had an estimate in that population of about 4.5 million individuals who have dependency or abuse problems or that the characteristic of their use is such that they could benefit from treatment. That was not an unusually high number considering other estimates.

What was, I think, surprising even to people who followed this, is that of the 4.5 million, 23 percent are teenagers. We have not had estimates that large of the dependency population being involved, or dependency and abuse population being involved that young in the past. It certainly correlates with earlier initiation rates in age, and we know from both brain science today as well as past longitudinal experience, the younger you start, the more dangerous and more rapid the conversion to dependency can be, because of the physiological and the period of growth that young people are in.

Not only did we have information that 23 percent of those dependent are young people, but for the first time, we could identify dependence and abuse to specific drugs because of the way the survey was structured. Today, of the 4.5 million age 12 and over who are dependent, 65 percent are dependent on marijuana. Most people, especially baby boomers my age, do not have any idea there is a problem. They grew up. They watched movies like "Reefer Madness" in college and thought it was hysterical how people could overreact to marijuana.

But today, the data both from the treatment admissions as well as this latest survey data shows that two-thirds of the dependency problem from illegal drugs today is marijuana. That is not that people who are dependent also use marijuana. It is that marijuana is the source of their dependency or abuse. We cannot begin to deploy treatment, we cannot begin to face this problem effectively if we do not face the fact that marijuana today is more than two times more important as a drug of dependency than cocaine, which is the second most powerful one.

So our job, my job, I believe, is to make people more aware of this, and especially young people who are coming in in record numbers, at record young ages, who are dependent on marijuana. Most people do not believe you can be dependent on marijuana. I go to editorial boards. I talk about the state of this data. People who not only are well informed, but who write the news, are flabbergasted and frequently skeptical, and I have to present the material here. It is not perfect knowledge, but we need to do a better job, and I think this is an important tool of the Campaign to do that.

Lastly, I would like to say that I have tried to get to the bottom of a number of the exchanges about the construction and mentions of the Media Campaign, many of which were in place before I got to the office. I will not be able to give you first-hand accounts of

what happened when I was not there. Some things, there is just a dispute over. But let me tell you what my thinking is.

The Campaign has tried to use a mixture of advertising expertise and wider public health knowledge, the way many of the health kinds of public service campaigns that are now being deployed for cigarettes and for other kinds of health problems. It links more than just advertising. It tries to create other kinds of sources of resonance for the campaign and sources of information to make people aware of them in the community. Websites, partnerships with corporations, and organizations such as the PTA, Scouts, and other groups have been important.

I think that this is helpful. I think the proportion of money spent can be looked at and there can be some statements of adjustment. But I think the most important issue is, this is about providing messages in the culture through the media that help to offset many of the negative messages young people get about drugs and drug use, and, therefore, we need to have the most powerful messages possible on a broad scale.

I read the evaluation as saying the ads are being heard and seen. The recall is reasonably high. In fact, subsequent to the Westat study, a tracking study that has been done that is not a behavioral measure but just an awareness measure, shows that on the drugs and terror ads the awareness is even higher. In early May, it reached 86 percent of all teens. So I think the material being shown is being heard, although I know there is some debate about that by some on this issue.

I do not think we have powerful enough material. The evaluation shows this, and I am concerned that what we need to do is make sure there is enough. It is a big campaign and, as you know, because I know everybody that is involved in politics has to know something about advertising these days, material can wear out and we need to have enough of it; it needs to be focused; it needs to be powerful.

I also think that what we tried to do in some cases, and I recognize there can be debates about the contractors. However, in some cases, some of those contractors helped us to deploy messages to ethnic populations and in other non-English languages that we could not get through a pro bono system, or through one advertising contract or "one partner fits all", and I think some of those ads—we showed one for Native Americans and Alaskan Natives when I was here last—I think those are powerful. They have been tested. They are a modest expense, but it is an important community we need to reach, even though it is hard to evaluate that reach because of the smallness of the sub-population. But I think those ads are important because those populations are important to include in this effort.

That is not to say that I think there cannot be streamlining. I think there can be. Again, when I took office at the beginning of December, there were two different ads being developed on drugs and terror, one by the Partnership for a Drug-Free America and one by Ogilvy, the ad contractor. They were in early stages of development. I asked that they be moved ahead quickly. There was an opportunity to use the largest possible audience, and the most cost effective reach, the Super Bowl. We needed to move it quickly.

It was done on the most widely tested area. The Partnership indicated their ads were not going to pan out to be effectively used. But the ads that we have aired have been received very well. We will get the results in the fall.

#### CONCLUSION

I believe, again, this can be a crucial tool to meeting the President's goal of reducing drug use by teens and adults by 10 percent in 2 years and 25 percent in 5 years. It has to be work to be an important tool, but I think the promise here and in advertising generally is such that we all believe that we ought to be able to get this right. If we cannot, I know as well as you that there are important needs that these monies can be called upon for, so it is not a matter of ignoring those needs, either.

#### PREPARED STATEMENT

But I want it to work. We are committed to programs that are effective and I commit to you my intention to try to make this work if you will continue to support it.

Senator DORGAN. Director Walters, thank you.

[The statement follows:]

#### PREPARED STATEMENT OF JOHN P. WALTERS

##### INTRODUCTION

Chairman Dorgan, Ranking Member Campbell, and distinguished members of the Subcommittee: Thank you for the opportunity to appear before the Subcommittee today to discuss the National Youth Anti-Drug Media Campaign (the "Campaign"). I appreciate the bipartisan support that the Campaign has enjoyed from this Subcommittee, and indeed the entire Congress, over the past 5 years and I look forward to working together to ensure the success of this critical drug prevention program. I also want to thank Jim Burke and the Partnership For a Drug-Free America (PDFA), and Ruth Wooden and Donna Finer of the Ad Council for their service to our Nation and their commitment to reducing drug use in America.

Reducing drug use is our common objective. The President has set bold, national goals of achieving a 10 percent reduction in teenage and adult drug use over 2 years, and a 25 percent reduction in drug use, nationally, over 5 years. During the last several weeks I acknowledged that the latest evaluation of the Campaign contained troubling news. As a result, I am pursuing some modifications to the Campaign, which will be later discussed in detail, that we believe will maximize its ability to stop drug use before it starts. Finally, I am committed to working closely with Congress and key Campaign partners to ensure that the Campaign plays a significant role in our effort.

##### HISTORY OF THE NATIONAL YOUTH ANTI-DRUG MEDIA CAMPAIGN

In a strong showing of bipartisan commitment to reducing drug use Congress first funded the National Youth Anti-Drug Media Campaign in fiscal year 1998 at a level of \$195 million, \$20 million above requested \$175 million. This innovative proposal created a multi-dimensional effort designed to educate and empower youth to reject illicit drugs. Developed from a sound scientific base, this historic effort would be supported by television, radio, online and print advertising, informational and educational materials, Internet Web sites and partnerships with public health, civic, faith, and service organizations. This range of communications activities would ensure that the Campaign's messages reach Americans wherever they live, learn, work, play, and practice their faith.

The Drug-Free Media Campaign Act of 1998 (21 U.S.C. 1801, et. seq.) authorizes the ONDCP Director to "conduct a national media campaign . . . for the purpose of reducing and preventing drug abuse among young people in the United States."

In total, over the past 5 years Congress has appropriated \$928.9 million to support the Campaign.<sup>1</sup>

The President's fiscal year 2003 Budget Request provides an additional \$180 million to continue the Campaign. The President, Congress, and the American people rightly have high expectations for the Campaign, recognizing its potential to be one of America's most important tools for addressing the national priority of reducing youth drug use. The Campaign is the only prevention effort for youth conducted directly by the Federal Government and the only systematic means of a truly national scope to counter the many pro-drug influences confronting our children. We need to make improvements, but it is a unique and critical tool and it should continue.

In authorizing the structure of the Campaign, Congress made clear that ONDCP should develop an integrated comprehensive public health communications campaign—not merely an advertising effort. [21 U.S.C. §1802 (a)(1)(h)] ONDCP committed to Congress that the Campaign would rely on the best advice from the public health community, behavioral science, and the best practices of the marketing communications industry. Pursuant to Congressional direction and ONDCP's extensive consultation process, the Campaign has evolved to include the following:

*Multicultural Component.*—ONDCP developed a robust multicultural component to the Campaign, with ads and outreach materials created in a variety of languages, based on dedicated research to identify the unique cultural differences in the way drugs are regarded by African American, Hispanic, American Indian and Alaska Native, and multiple Asian and Pacific Islander ethnic groups. For example, "LaAntiDroga.com" provides parents and other adult caregivers with strategies and tips in Spanish on raising healthy, drug-free children. Free email parenting tips are available in Spanish and a parenting brochure is under development. This summer, the Campaign is publishing updated brochures on marijuana and inhalants in Korean, Cambodian, Chinese and Vietnamese.

*Grassroots Outreach.*—ONDCP established grassroots programs that broadened our message delivery through professional, nationwide, public communications outreach and support to community anti-drug coalitions, civic organizations, parenting and youth serving organizations, entertainment media, and faith organizations.

*Corporate Participation.*—ONDCP is reaching out to corporate America and receiving valuable support in extending the Campaign's messages through the marketing and communications programs and networks of some of the Nation's best-known companies. For example, Safeway is reaching customers in more than 1,700 grocery stores and Capital One is including anti-drug messages on 20 million billing statements. Borders and Waldenbooks will distribute the Campaign's parenting brochures in over 1,000 stores. The Campaign's "Work" program provides employers easy access to drug prevention materials for dissemination to employees. Blue Cross Blue Shield and AT&T are participating in the Campaigns Work program by heavily promoting Campaign messages and materials to their tens of thousands of employees.

*Interactive Programs.*—ONDCP created sophisticated Interactive communications programs, including effective Internet destinations where parents and youth can receive factual, research-based information about drugs. With nearly 17 million youth ages 12–17 using the Internet regularly, the Campaign has devoted significant resources to developing and promoting online anti-drug information. The Campaign's suite of nine Websites has garnered over 35 million page views. Freevibe.com, which helps youth understand the dangers of drugs, has attracted over 7 million visitors since its launch in the Fall of 1999. Site visitors now are spending an average of 8–9 minutes surfing anti-drug information compared to an average of 3–4 minutes when we launched Freevibe.com 3 years ago. TheAntiDrug.com, which provides parents and other caring adults with strategies and tips on raising drug-free children, has attracted over 3 million visitors.

*Support for Public Service Advertising.*—The Campaign designed and operates a system to lend support to other public service advertising through the Advertising Council. The system works by designating pro bono broadcast ad time provided by media outlets in fulfillment of the Campaign's statutory obligation to obtain a dollar's worth of in kind public service for every dollar's worth of advertising the Campaign purchases. Through this system, more than 60 non-profit organizations and

<sup>1</sup>Over the course of the Campaign, ONDCP has spent 87 percent of its appropriated dollars on advertising. Advertising includes media time and space for ad placement (87.2 percent), production (6.1 percent), direct labor (2.6 percent), overhead (3.0 percent), and fixed fees (1.1 percent). Of the 13 percent that is not devoted to advertising, 6 percent is for evaluation and research, 4 percent is for integrated communications, 2 percent of for Clearinghouse operations, 1 percent for the communications strategy/corporate participation, and 1 percent is for ONDCP management costs.

other government agencies have received prime time network and cable positions for their public service advertising that carries anti-drug messages or messages supporting underlying values such as effective parenting, youth mentoring, after school programs, or education. More than \$370 million-worth of television and radio ad support for these organizations and their messages has been provided through the Campaign.

*Promote Community Anti-drug Coalitions.*—Also through the Ad Council, the Campaign conducts a public service advertising campaign dedicated solely to promoting the growth and effectiveness of community anti-drug coalitions, which by itself has garnered more than \$121 million in donated media for its ads.

#### EVALUATION COMPONENT

Pursuant to Congressional direction (both authorizing and appropriation language), the Campaign is subject to a rigorous evaluation (for which ONDCP has allocated \$35 million over 5 years). The National Institute on Drug Abuse manages the Phase III evaluation for ONDCP and awarded the prime evaluation contract to Westat, Inc. Results are derived from a nationally representative household survey of youth/teens and parents, in which the parents and youth/teens are linked (i.e., from the same household). In an unprecedented attempt to ascertain the latest data concerning the Campaign's effectiveness, this survey is conducted throughout the year and results are reported every 6 months to track ongoing progress. Information learned from the survey enables ONDCP to make alterations to the Campaign and to provide progress reports to our Congressional committees of jurisdiction.

The evaluation of Phase III is designed to determine the extent to which changes in drug abuse-related knowledge, attitudes, beliefs, and behaviors can be attributed to exposure to the Campaign. Thus far, the Westat evaluation has revealed increases in awareness, particularly of the youth and parent "branding" efforts and some positive changes in parent behavior. The Wave 4 report, released in May 2002, presents interim results reflecting the first 2 years of implementation of Phase III of the Campaign; three additional surveys are planned over the next 18 months. The Wave 4 report provides analyses of data collected through a national household-based survey of parents and youth across the first four data collection periods, or "waves". Through Wave 4, more than 10,500 youth and 7,300 parents have been interviewed with parents and youth being interviewed from the same household. This report includes findings from the first set of follow-up interviews conducted with those sampled in Wave 1. This longitudinal component provides information on the impact of exposure to Campaign messages in Wave 1 on outcomes in Wave 4.

There is evidence consistent with a favorable Campaign effect on parents. Overall, there were statistically significant increases in four out of five parent belief and behavior outcome measures including talking about drugs with, and monitoring of, children. Parents who reported a higher level of exposure to Campaign messages scored higher on those outcomes; however, there is no evidence yet that youth behavior was affected as a result of parent exposure to the Campaign.

Most parents and youth recalled exposure to Campaign messages, with about 70 percent of both parents and youth recalling exposure to one or more messages through all media channels each week. In 2001, about 68 percent of youth aged 12 to 18 recalled the Campaign brand phrase targeted to youth and 55 percent of parents recalled the brand phrase targeted at parents.

According to the Westat evaluation, there is little evidence of direct favorable effects on youth. For youth aged 12 to 18, there were neither overall changes in drug use nor improvements in beliefs and attitudes about marijuana use between 2000 and 2001. For some outcomes and for some subgroups of respondents, the evaluation report raises the possibility that those with more exposure to the specific Campaign ads at the beginning of Phase III of the Campaign had less favorable outcomes over the following 18 months. In particular, the evaluation contains a statistically significant finding that 12- to 13-year-olds who report higher exposure to anti-drug ads in the first year of Phase III report less strong rejection of marijuana use in the next year.

#### PLANNED MODIFICATIONS IN RESPONSE TO EVALUATION FINDINGS

ONDCP is committed to working with its key partners and Congress to ensure that the Campaign remains a critical component of our efforts to reduce drug use among our Nation's youth. On February 26, 2002, the Campaign convened a Task Force to examine strategic issues affecting Campaign performance, especially issues related to: (1) revisions to the ad testing protocol; (2) reassessing the youth age target; (3) the appropriateness of our youth message strategies; and (4) the creative development process.



Ruth Wooden, former President of the Ad Council and a member of the Campaign's Behavior Change Expert Panel (BCEP), chaired the Task Force. Other participants included representatives of the Partnership for a Drug Free America (PDFA), an advertising creative director who is a member of PDFA's Creative Review Committee, a senior Ad Council executive, other members of the BCEP, members of ONDCP's contract advertising agency, and ONDCP Campaign staff. The Task Force completed its work prior to the recent Wave 4 results reported by Westat and it had the benefit of numerous performance indicators from previous Westat reports and other authoritative sources of youth drug use data (including the National Household Survey on Drug Abuse). ONDCP and our partner, PDFA, committed to jointly examine process issues to improve the overall effectiveness of the Campaign.

#### *Testing*

The Campaign is among the Nation's largest advertisers. In keeping with its scope, the Campaign is designed to incorporate the most successful marketing techniques and implement an integrated, multi-media advertising approach that employs TV, radio, Internet, newspapers, magazines, as well as ads appearing on bus shelters, in malls, and other heavily trafficked venues. After an average 12-week run of these ads, a wear-out point is reached and it becomes necessary to rotate in another multi-media set of ads. This is the same approach employed by today's top corporate marketers. Rotating ad sets at scheduled points and not airing ads past their wear-out point are crucial to achieving advertising objectives.

Currently, all Campaign ads are qualitatively tested in a "story-board" format in the developmental stage with focus groups representing age, gender, and ethnic diversity targets. According to Campaign policy, TV ads also are to be quantitatively tested (or "copytested") in multiple markets after the ads are produced and are in final form in order to determine their effectiveness and to identify possible unintended negative consequences before they are aired.<sup>2</sup> Unfortunately, 68 percent of the TV ads produced through the pro-bono process were submitted to ONDCP too late to permit testing prior to broadcast. This delay in submitting the ads created a situation where purchased air dates were at hand, and ONDCP was forced to place ads on the air before quantitative testing had occurred.

Since January 2000, 22 of the 49 ads that were quantitatively tested did not test well. Of the 22, 3 were pulled off air immediately because poor test results indicated that the ads may weaken anti-drug beliefs; 3 others tested had poor test results (i.e., weakened anti-drug beliefs) that would have resulted in their being pulled off of the air, but the test results did not become available until the ads had been on the air for months; 3 tested poorly and did not air; and 13 received mediocre test results (i.e., neither strengthened nor weakened anti-drug beliefs or intentions) and could not be used again.

An example of an ad that had to be pulled immediately during the past year is an inhalants ad, which had been aired before testing because it was delivered behind schedule. When the problematic ad was pulled from air because poor test results indicated that the ad may weaken anti-drug beliefs, it had to be replaced with an old ad which had lost much of its previous effectiveness, and later with other ads which had been found to be less effective than originally desired. This mid-rotation disruption damaged the synergistic effects of the multi-media rotation and resulted in less-than-effective ads airing for long, unplanned periods before a successful multi-media rotation of new ads finally was delivered. This, combined with protracted production delays in delivering the next scheduled rotation of ads, produced a chain reaction of sub-par advertising substitutions that seriously damaged the effectiveness of nearly a year's worth of youth advertising.

*Change.*—All TV ads will be thoroughly tested (qualitatively and quantitatively) before they are aired, based on a higher standard that would be developed after consulting with experts and our pro bono partners.

#### *Age Focus*

The Campaign is a groundbreaking national prevention effort against youth drug use. Unlike social marketing efforts against other issues where societal attitudes are well formed, attitudes about drug use in our culture often are ambivalent and/or equivocal. In 1999, with the help of strategic communications expertise from Porter Novelli, an organization that is a leader in behavior change communications, and after a series of expert panels on how to design the Campaign that collected advice

<sup>2</sup>For two similar ads, typically one ad is tested. If that ad tests favorably, then both ads can be aired. If the ad tests unfavorably, then the other/remaining ad is not used or pulled.

of top national experts in public health, social marketing, advertising and youth development, ONDCP organized Phase III of the Campaign.

Based on this research, ONDCP originally targeted the Campaign's prevention efforts toward youth ages 9–18. ONDCP focused the Campaign's core communication efforts on an 11–13 year-old age target. This group, called "tweens," represented the age at which data (including the National Household Survey on Drug Abuse and Monitoring the Future) showed drug initiation commenced, but before use had typically reached significant levels. The experts' theory was that instilling solid anti-drug attitudes in tweens would inoculate them against drug use through their later teenage years.

Westat evaluation findings and the above-mentioned national drug use surveys published since the "tween" strategy was launched in 1999 have not provided strong support for continuing this age target focus. The most recent results from the Westat study and annual youth drug use reports tend to indicate that broad anti-drug attitudes by tweens are not surviving the transition from middle school years into high school. New behavioral assessments delivered by Michael Slater, a leading academic authority on youth behavior and a recent addition to the BCEP, further suggest that tween anti-drug attitudes are not likely to be broadly sustainable no matter how effective the Campaign is in a tween-focused advertising approach. These expert assessments find that teen developmental factors are determinant, and that there is a universal stage of adolescent development where teens begin questioning and pushing back against parental authority: when youth reach their teen years, they re-examine their anti-drug attitudes regardless of their views as tweens.

National drug use data consistently show sharp usage increases by youth age 14–16. Moreover, the Youth Transition Working Group of the Task Force recommended shifting the focus from younger children (tweens) to older youth, ages 14–15. The Campaign should confront this phenomenon head-on with the 14–16 year old group. Focusing our communications efforts at youth during this developmental period will enable the Campaign's messages to compete directly within the overall popular culture communications environment teens experience daily.

*Change.*—Retain the general focus on youth aged 9–18, but amend the targeted core communication efforts to focus on 14–16 year olds.

#### *Focus on Marijuana*

Marijuana use is the single most prevalent drug used by America's youth. According to the most recent findings from the 2000 National Household Survey on Drug Abuse, 7.2 percent of youth (ages 12–17) reported that they are "current" users of marijuana. Of those same youth, only 0.6 percent report current use of cocaine, and only 0.1 percent report current use for heroin. In the same survey 18.3 percent of youth (ages 12–17) reported using marijuana in their lifetime, with 2.4 percent using cocaine and 0.4 percent using heroin.

Other troubling statistics relating to youth and marijuana are:

- Perceived harmfulness of smoking marijuana regularly decreased among 8th graders from 74.8 percent in 2000 to 72.2 percent in 2001 (Monitoring The Future).
- Early adolescent marijuana use is related to later adolescent problems, such as lower educational achievement, according to a study published in the *American Journal of Public Health* in 1999.
- More than 3,800 youth aged 12 to 17 tried marijuana for the first time every day in 1999 (the latest year for which data are available) (National Household Survey on Drug Abuse).

As we look to achieve better results, it is clear that we cannot expect to make progress toward our goal of reducing youth drug use until we significantly reduce the use of marijuana, the preponderant drug of choice among youth.

A Campaign with a renewed focus on marijuana will give youth the facts in contexts they can understand, therefore enabling them to be confident and unwavering in their decision not to use marijuana. Positively affecting youth attitudes and behaviors relating to marijuana poses a unique set of challenges. Among all illicit drugs, youth attitudes are the softest and parent attitudes are the most ambivalent when it comes to marijuana. Well-funded and fully entrenched pro-marijuana interests have been at work for many years sowing their messages throughout our popular culture.

*Change.*—The Campaign will increase its efforts against marijuana—the primary illegal drug used by youth.

#### *The Advertising Development Process*

The Task Force also convened a specific Working Group which examined the current creative process and recommended revisions that would achieve maximum effi-

ciency of time and cost effectiveness. Task Force members agreed on new measures that allow ONDCP earlier visibility and involvement in the creative development process. This will give ONDCP the opportunity to advise PDFA of its views on new ads being developed in the earliest concept stages.

Before Congress created a paid anti-drug media campaign, PDFA successfully created and implemented a process that relied solely on a pro-bono support campaign, in which volunteer ad agencies donate their services to deliver anti-drug messages to youth. However, since the advent of a paid Campaign, the reliance on a pro bono process to deliver the Campaign's advertising products has proven less than fully effective in meeting the Campaign's needs. While the pro bono system can supply many of the Campaign's needs, it cannot meet all of the broad requirements and high operational tempo of a paid, sophisticated ad campaign.

Under the pro bono system, we are continually presented with new volunteer creative teams who know how to sell consumer products, but know little or nothing about the Campaign, anti-drug advertising, or behavior change social marketing. Based on a written brief—and no other contact with ONDCP, these creative teams attempt to produce effective ads. Sometimes they succeed, but other times, as recorded by the Westat report, the results have been less than effective, despite the high awareness of Campaign ads that our media buying program has achieved.

Moreover, the Campaign's production demands are heavy for an ad agency that is volunteering its services. Producing the integrated, multi-media advertising products the Campaign requires, strains the generosity of volunteer agencies, which must continually balance their good will against the demands of paying customers. This has inevitably led to production delays, which, as explained earlier, domino into a variety of problems that have combined to undercut the effectiveness of the advertising effort.

A positive illustration of flexibility and early involvement of ONDCP in the ad development process was recently illustrated when Campaign staff worked directly with our contract ad agency to develop ads specifically designed and tested for Native American audiences, and ads that for the first time link drug money with the support of terror. In both cases, ONDCP was involved early in the creative development process, and the creative team became thoroughly educated about the Campaign. The result in the American Indian case was immediate praise from Native American leaders and citizens who noted the ads' authenticity in accurately matching the traditional values and modern realities of American Indian life.

As for the recent drugs and terror ads, we subjected the ad concepts to an unprecedented level of testing to assure their effectiveness with target audiences. The ads were exposed to more than 1,300 individuals in 20 cities across the country. Youth who participated in the testing found that the ads significantly reduced their intent to use drugs in the future. Parents said the information gave them timely new information to use in talking to their children about drugs. Such ads were possible through the donated created services of our contract agency.

ONDCP will take the recommendations of the Task Force and work with our pro bono partners in making modifications to the Campaign advertising development process to ensure greater efficiency and effectiveness. ONDCP has begun to implement some of these changes with regard to ONDCP's more direct involvement in briefing pro bono ad agencies that are working on new marijuana ads. ONDCP will continue, as it has in the past, to use the flexibility we have to use other means to fill unmet and important Campaign needs.<sup>3</sup>

*Change.*—Work with our pro bono partners to streamline the advertising development process and build in more ONDCP involvement, as recommended by the Task Force. Continue to use alternate means to fill critical unmet and important Campaign needs.

#### CONCLUSION

In announcing the release of the National Drug Control Strategy this February, President Bush stated the Administration's view that we need to have clear goals that can be measured, that we take responsibility for achieving them, and that we explain how we will meet them. This Strategy places a heavy emphasis on obtaining measurable results and providing accountability to the American people, to Congress, and to our international partners. As the National Youth Anti-Drug Media

<sup>3</sup>When our pro bono partners have been unable to deliver ads that meet the Campaign's needs, ONDCP has worked within its statutory authority to produce directly ads from commercial sources for approximately 50 percent of all multicultural ads (for African American, Hispanic, and Native American audiences), 100 percent of Interactive (banner anti-drug ads on the Internet), and 100 percent of the niche ads (publications that reach special audiences such as school nurses, teachers, and employers).

Campaign is a critical component in our effort to stop drug use before it starts, it must be managed in a fashion that optimizes effectiveness.

I am confident that the modifications we are suggesting will better enable the Campaign to get the results the American taxpayer expects—a reduction of drug use among our youth. Recognizing that all of us want immediate success, we must be patient and give these modifications an opportunity to succeed. Recognizing that the cost of failure is prohibitive, your continued support of the Campaign will prove a wise investment in our youth.

Senator DORGAN. I think we will do some questions here so that we do not get in a situation where we have heard others and then Director Walters is not available for questions, but I would like to ask some questions and see if you could stay for a while.

Let me ask the obvious first question. The testimony by Dr. Hornik today, who evaluated this program, said with respect to parents, “The media campaign has made parents more aware of this issue.” That is positive. “But we did not find evidence,” quoting him, “that parents’ exposure to the campaign at the start of 2000 predicted subsequent change through 2001 in parent outcomes.” In other words, parents were more aware of it, but it really did not mean anything in terms of outcome. And then number two, and more importantly, “In contrast to parents’ results, to date, there is little or no favorable evidence to report with respect to the campaign’s effects on youth.”

Now, if we were a private enterprise that has spent \$1 billion on advertising and we got this report from the person that we asked to evaluate the campaign, my guess is that we would say, well, this is not working. Tell me your response to that.

Mr. WALTERS. No, I had a similar reaction. I have not reviewed his testimony per se, but the report that I got in the introduction says, in a sense, unequivocally, there is no evidence yet consistent with the desirable effect of the Campaign on youth. I have read a lot of evaluation studies and I know a lot of evaluators became a little bit sensitive about being direct, because they are always sensitive to confidence level intervals. That is a pretty strong statement.

When they presented this to me I asked the evaluators several questions if this were, because we were talking about public health measures; I asked if this were a drug trial and we were getting results like this, especially with some of the other aspects of the results, would you continue the trial as it exists today? Most of the public health people I tried that question on, to try to get some clarity on how these things compare, said that they would have to make changes under those kinds of circumstances.

As I said, I thought there was reason to make changes when, before the evaluation, I started and the drugs and terror ads. I certainly think that under this circumstance, I do not think it is defensible not to say that we need to test the content more rigorously. We have to have more and as much power as possible. I do not think it is not enough to say that we have “kind of” tested a concept earlier on and that we have a review. In some cases, that review was not done prior to the airing of the ads. I know there have been disputes about this and I think some of it is——

Senator DORGAN. But Director, I am sorry to interrupt you, but I assume with 31 contractors and hundreds of millions of dollars spent, they have tested everything. I mean, having done a few tele-

vision commercials in 10 state-wide campaigns, as has my colleague, we understand about focus groups and testing and all kinds of things like that. My test is there is nobody in the country who has done more sophisticated, aggressive testing than this office and all of its consultants. Is that not the case?

Mr. WALTERS. I can understand why somebody would think that, but that is not the case.

Senator DORGAN. Why?

Mr. WALTERS. Let me give you what I understand to be the case. Since January 2000, 22 of the 49 ads that were quantitatively tested did not test well. Of the 22, 3 were pulled off the air immediately because poor test results indicated that the ads may weaken anti-drug beliefs.

Senator DORGAN. Wait a minute. Did they test before they put them on the air or while they were on the air?

Mr. WALTERS. My information is 65 percent of the ads that were aired were not tested before they were put on the air except in the early concept stage, but not in the final product. They were then tested subsequently to being put on the air.

Again, because of a problem in the arrival of the material, many times to get the cheapest possible air time, one buys in blocks and buys ahead of time in a consolidated way. The government does that with a campaign this size, which means you are committed then to certain blocks at a certain point in time. The content is then delivered in time to be on the air. If the content is late and you do not have enough time to test it, my understanding is the Campaign has aired it, did not fail to use the time, and tested the ads subsequently. Some of them did not test as effective or, even in some cases, tested as counterproductive. The counterproductive ones were immediately pulled.

With other ads, I also think the bar or the level of effectiveness that need to be improved, obviously, because, the circumstance is that people are aware of seeing the ads. They register the brand and they even register an awareness of seeing them frequently. The question is, if the message is right and the use of advertising is going to work here, why is there not more power in the influencing of attitudes and behavior?

I was not here for all this so I am not calling anybody that has a different story a liar, though I tried to get to the bottom of this. I think the answer to that question, from what I have been able to review, is that there is not enough testing, that there has been a problem sometimes with the complications of the Campaign, and providing material of various types. It needs to be simplified, but there also needs to be a quantity of material that is proven effective and you can put on the air.

While the concept of using all of this on the basis of contributed time and labor is certainly saving the government money and allows people to donate their considerable gifts to this, the small part of the cost here is the content. The large part of the cost is the media time. So if we need to put some more resources in to the focus group costs, in the developing of more content, as we have with the multi-ethnic targeted Campaign materials, then we ought to do that.

Senator DORGAN. But I am wondering if developing these subgroups is not part of your problem, or when I say your problem let me point out this has gone on for a large period of time before you came to this job. I notice what they have done is they have created fractional subgroups around the country to do targeting and that, I assume, is what results in, how many ads do you say, 60 ads?

Mr. WALTERS. I believe there are 49 ads.

Senator DORGAN. Forty-nine ads, I mean, 49 different ads. I guess I wish there were 5 or 10 that were dynamite ads that everybody said, these ads are clearly home runs. These ads work. But what has happened is this campaign appears to me to go into the corners looking for subgroups, you know, Lutheran Norwegians who drive compact cars and have at least one pet. All of a sudden, you have fractioned this so much that you are creating ads in every possible direction and I am just wondering whether this campaign has not gotten off the track someplace. There was a track of what was intended and Congress has spent \$1 billion and it seems to me that someone created a bunch of branch lines here and the result of the evaluation is it has not had much impact.

I will let you respond to that in just a minute, but I also want to ask about the contractors just a bit, because one of the larger contractors, Ogilvy and Mather, has, as you know, been required to pay back the Federal Government \$1.8 million for over-billings and so on and so forth. I want to ask you about that because it relates to the question I asked about contractors and subcontractors.

You have got 30-some companies out there that have contracts with this office, and I do not know what they all do. I have looked at some of the numbers and some of them are pretty generous contracts and subcontracts. If someone over-billed me and I had a business, I would not do business with them anymore. It is just a fact of life. I mean, if somebody is going to over-bill me, they are only going to do it once, and then they will have a chance to over-bill others, but they will never, ever again have a chance to do it to me again, and I hope you feel the same way.

Mr. WALTERS. Yes, but I do not want to be misunderstood on—

Senator DORGAN. You do not want to be what?

Mr. WALTERS. I do not want to be misunderstood on that point, because this has been an issue with the Campaign.

Senator DORGAN. I do not know anything about this company. All I know is what I read about over-billing and about the number of contractors out there. My hope is that you feel that way.

Mr. WALTERS. No, I think I have had a history here of being concerned about the proper stewardship of public money and some of the concern about this Campaign by people in the private sector that have not worked with the government effectively is partly that, yes, the government is more complicated and those are areas where we should simplify. I agree with you, and the government can be needlessly cumbersome and bureaucratic.

There are also exceptional demands and proper demands for the proper stewardship of public money, and I believe some of the concerns here are linked to what appropriate controls detect over-billing that also require, for government contracts, a kind of accounting that is not required in the private sector. You may have an engagement with an individual agency. They are charging you so

much and you are not asking what is behind all those charges to the degree to which the government is.

In the Ogilvy matter per se, there has been discussion that some people feel—I am not saying you, but I have talked to people on the House side, for example—who believe that as a result of this, Ogilvy should have been debarred from competing for government contracts. All this happened before I was here. I take responsibility for what happens now. The findings, the particular findings for debarring them from participating or even from competing for future contracts were not found to exist. The Navy was the contractor for ONDCP. It made an initial recommendation that such grounds were not there and my understanding is the office did not disagree with that finding.

So there was an audit. Monies were paid back. Restitution was made.

Senator DORGAN. There is a criminal investigation, is there not?

Mr. WALTERS. I believe there is still an unclosed criminal investigation, but there is a settlement in all the other parts. I do not know what the status of the criminal investigation is now. I have not been told.

Senator DORGAN. Let me just ask, I want to get back to substance because that is what is most important for me today, that—

Mr. WALTERS. Can I first answer the other question you made about the parts?

Senator DORGAN. Yes.

Mr. WALTERS. You have your own responsibility to make decisions on this, but I want you to know, as the agency manager, what my thinking is on this. I think parts of the Campaign were too complicated. I think some of the strategies and platforms you may have seen in some of the material were excessive. But some of them, I also believe, are necessary.

Some of these “multiple directions” are Spanish and other foreign languages of parts of the population that are important, such as Asian languages. Some of them are the result of advice that one-size-fits-all ads will not reach important communities, and here, I would say that I believe that Native American and Alaska Native population are particularly damaged by substance abuse and I believe that a government campaign designed to go after substance abuse has to try to be effective in those communities, even though they are small and even though it may complicate things. So I support that even though it will make it somewhat more difficult.

Now, I think I would point to the drugs and terror ads, which I am responsible for, to show a powerful message, a direct ad that went out to and was shown extensively on the media and is still being shown. We will have results of that effort in the fall, so I cannot tell you, other than awareness, that it has had a more powerful message for young people. But awareness is not the same as behavior change, and we are about behavior change here. I understand that.

Senator DORGAN. Let me go back just for a moment to the issue of the over-billing. Are you saying that if the Navy, which is the contracting officer, says that you cannot debar someone, that you

as an agency director cannot simply say, these people over-billed us. They will not be doing business with us again.

Mr. WALTERS. My understanding—

Senator DORGAN. Do you not have the capability to debar someone administratively?

Mr. WALTERS. My understanding is that there are particular rules involved in debarring and that I have to comply by those rules and I cannot unilaterally apply those rules.

Senator DORGAN. I see. So if tomorrow, 1 of your 31 subcontractors cheats your agency over bills, and incidentally, I think there is a difference between having controls to prevent it and hiring people that will not do it, hiring contractors that will not do it. The first time a contractor over-bills my agency or my business is the last time the contractor does business, I think, with us.

But if you do not have the authority, we need to look into that, because there is not any reason for a company that over-bills you to be in a circumstance where we are required to consider them for the next contract. This is not about that specific company, it is just about the circumstances. I mean, it just seems Byzantine that a Federal agency, having been over-billed, cannot simply say, well, sorry, partners. Do not do business with us anymore. Do not even come and talk to us.

We have alternative uses for this money. Let me give you an example. We could, for example, use substantial money for drug treatment and rehabilitation, and a lot of people feel very strongly that a significant part of this drug war must be to help people shed their addiction, and there are people today walking on the streets out here that are addicted to drugs in a devastating way and cannot find places to get treatment for that drug addiction. Some people feel very strongly that treatment, too, is a priority.

Others say, and Senator Campbell and I have on the floor of the Senate had to respond to this, they say, well, go to the Indian reservations, for example, and other places in the country and the most devastating drug for young teenagers is alcohol and you need to make alcohol a part of this campaign. We have resisted that in the past because we wanted to have 5 years of this campaign to see with what capability we could affect the behavior of children.

But there are alternatives in dealing with substance abuse, with addiction by those who are addicted to drugs, and especially children.

I have a range of questions, but I think—

Mr. WALTERS. Can I just respond to that?

Senator DORGAN. Yes, of course.

Mr. WALTERS. I want you to know that I believe it is important to do something that I know it is difficult for bureaucracies to do, and that is to make programs accountable to a degree for which they are not. In most cases, as you know, in these other areas, we do not have the kind of evaluation data we have here, and I think this in some ways this is a model and I want to spread it to more places. We could probably have future hearings and discussions about the ways we are going to propose to do some of that.

In this case, I do think it is important to make programs accountable—and it is not just a buzzword. I think we have to have a balanced approach to make the kind of progress we want. We are



recommending funding for law enforcement. We will improve things with regard to homeland security that will give us better and already have given us better security on our borders. We are deploying things with the High-Intensity Drug Trafficking Area program that Senator Campbell and I talked about in my office, and there are other Federal programs that help us on the law enforcement side. We have to change attitudes and behavior, but that also means changing attitudes and availability and the degree to which this problem has permeated our society, especially to children.

Prevention is but a small part of it. Of the \$19 billion in the estimated drug control budget as a whole, this is a small part, although it is real money to me. We are going to spend money, as well, on treatment.

But we know, that if we do a good job with teenagers, the research shows that if they do not initiate experimentation with drugs, alcohol, and cigarettes in their teenage years, they are unlikely to start later on. We can change the dimension of this problem in this country for generations if we do a better job on prevention, though not at the expense of treatment. We are going to spend this year, if we get the full administration request, \$3.8 billion in Federal treatment money. We cannot either just prevent or just enforce or just treat our way out of it, but we can take the crucial elements of this and push back against them effectively together—it has to be effectively—and I think we can continue to make some progress here.

Senator DORGAN. Mr. Director, I do not disagree with any of that and I do not personally at this point believe we should scrap this program. I think there is an open question of how much we should spend on it at this point, but I think when you talk about accountability, I think the ultimate in accountability is to spend \$1 billion, do an evaluation, and then have someone say to you there is little or no favorable evidence to report with respects to its effects on youth, that is accountability.

Regrettably, it is not the answer we would have liked to have heard. I would have liked to have seen an evaluation that said this program was dynamite. We spent money and we dramatically altered the attitudes, and so on, among American youth with respect to drugs. But that is not what the evidence suggests and that is why I think we have to take a hard look at alternatives here.

But let me quickly say, I do not believe we should scrap the program at this point, but I think it is an open question of exactly how we ought to restructure it or reconfigure it.

I have other questions, but I want to call on my colleague, Senator Campbell.

Senator CAMPBELL. Director Walters, you made some interesting comments on targeting, and Senator Dorgan did, too. I was thinking while the dialogue was going on about targeting, because Indian reservations were mentioned a number of times. I do not know if you have ever been out there where Senator Dorgan is and I am, but if you did an ad where 80 percent of the population are Indian kids and you talked to them about the dangers of using Ecstasy and cocaine, do not worry, they are not, because they cannot afford it. What they are using are canned heat, paint, glue and

stuff that does not come under the general description of drugs, but that is what they are using, I mean, stuff that just burns out their mind, cold medicine, cough syrup, they use it for different things.

So I am not sure that all targeting is bad. In fact, I think some is good. I guess the question I would have along that line is, what would your reaction be to the suggestion that has been made to me a couple of times that instead of doing this as a national campaign, what we ought to be doing is sending the money directly to the problem, through block grants to States or communities or tribes or wherever, so they could tailor the message for the majority of kids that live in that area. If you go into East Los Angeles, I would imagine probably 70 or 80 percent of the youngsters are Hispanic, Latino, or maybe black, but certainly one of the two.

Mr. WALTERS. We do, of course, provide block grants in a number of areas, including treatment. The Safe and Drug-Free Schools Program is essentially a block grant program based on population. You can add population indicators.

We have to make this work, and the question is, first of all, if we have not done that yet, how do localized applications necessarily provide more success than national applications? They might, but it is not clear to me exactly how that would be and how much of the resources would have to go both to development of that material and more and more fine-grain applications. Then you would have to develop how would you evaluate it, because more and more of the money would go to individual kinds of evaluations.

The only other problem that I have with the block granting of some of these funds is that we need a partnership with the people who have to do the work. In some cases, the Federal Government is providing appropriate resources, but it has to be a partnership. The block grant, I think, in my experience in government and education as well as in the, drug control program area, in many cases does not produce enough of a partnership. There is not enough accountability, and it detaches local accountability from the local provision of resources.

If we provide evaluation that shows the application and the partnership of Federal, State, and local law enforcement that is making a difference in the area—we get maximum benefit. I do not think we are quite where I would like to see us at, but I am going to try to move us in that direction. There is not just money without accountability and there is not just accountability without resources. There is authority and accountability and it is tied to real resources.

So I am reluctant to embrace a greater block granting for both the effectiveness reason and for the management and accountability reason.

Senator CAMPBELL. I wish we would have received a positive reaction from this ad campaign as we received from the HIDTA program. All of the information we get from local communities says is that the HIDTA program is terrifically successful.

You outlined four specific things you plan to do to put the Anti-Drug Media Campaign back on track. One of them is to become more involved in the development of ads. How do you plan to do that?

Mr. WALTERS. I asked my office, and we have a recent task force report from a group that includes both staff from my office, staff from some of the principal contractors, partners, the Partnership for a Drug-Free America, and others that reviewed the Campaign and suggested some of the things that I also think need to be done here, so it is a nice coincidence. The report suggested targeting older age group, and more testing of the material.

What I would also like to see is our ability to talk more directly in some cases with someone in the creative process. I do not want to tell them how to do their job, but my impression after reviewing the program is that in some cases, and I know there are also disputes about this, because the people who have had to produce the material have been too far insulated from some of the advice. I am not saying people did not in good faith try to brief people and explain how we think this should work in order to produce something that has impact, but I think that what I would like to be sure, especially with this kind of critical period in the Campaign and the program, is that we are conveying information directly.

It may not be all information we convey. I want somebody sitting there because I believe, in this circumstance, my office and my particular responsibilities require me to be able to assure you this is working as effectively as we can make it work, especially if the failure to improve it means it may be lost. I do not want to lose it. I think it can be fixed, but I want to make sure I am doing everything I can in my office with my senior staff to make sure that it is working well.

I have spent time trying to review this, and I will tell you frankly, from where I sit, there is too much finger pointing that it is hard to get to the bottom of. That needs to be cleaned out. Again, I am an administration away in some respects and bad news makes everybody want to say somebody else did the thing that is wrong. We need to have people working together more effectively if the Campaign is going to continue, and what I would like to do is make sure that I have the presence in this process of appropriate staff members to make sure it is running smoothly.

I do not intend to dictate this. I am not a creative person for advertising. I am not an advertising executive. But I am the Executive Office of the President official that is responsible for this program. I need to assure you, I need to assure the Director of OMB, and I need to assure the President that we are doing everything we can to make this work because we think it is such an important tool.

Senator CAMPBELL. Well, it is interesting you mentioned finger pointing. Of course, we never do that around here, as you know.

Another one of the points you made, the specific things you addressed, were testing. How do you plan to do anything differently that is going to have some validity to it from your testing?

Mr. WALTERS. I believe there has to be greater use of focus group testing in both concept as it has been done, in the early development of the material that is going to be shown, and in the final development. I saw the advantage of that myself with the drugs and terror ads, by watching some of the videotapes of focus groups and seeing the reaction and how people were responding to that in the construction of the final product. I also think that, given the

particular problem of the power of the ads not being what we want, we would be remiss in not exploiting that tool.

Now, I am aware, though not experienced, but aware from people I have talked to that there are parts of the advertising practice and business that simply relies on the creative talents of somebody and there is not much testing. In other areas of advertising, there is a lot of testing, and the testing will increase the cost. But the relatively small increase that that cost may have—and we need the flexibility to pay for that cost—is a relatively small increase for the benefit of trying to ensure the most powerful product possible. We are spending the large share of money on our time so, I think this only makes sense in this environment.

Senator DORGAN. Would you just yield on that point? It drives me crazy, though, at the end of \$1 billion to have any agency say, by the way, we should do more testing. You know, it seems to me that someone preceding you in this office should have said at the end of \$500 million or \$100 million, but we have spent \$1 billion and now we are told by those who have been running this well before you came, and I assume they are still in your agency, well, maybe we need more testing.

Mr. WALTERS. Some of that, but let me just say two things.

Senator CAMPBELL. Mr. Chairman, the people that were in that seat before Director Walters did say that.

Senator DORGAN. Well, it still drives me crazy. It drove me crazy then. Do you understand what I am saying? We spent \$1 billion. One would expect at some point along the way somebody would say, you know, if we get a bad result here, at least a result that says we have not had any impact with this in any significant degree, maybe something along the way needs to be changed. It seems to me like bureaucracy here has stifled creativity.

Now, maybe this is not a construct that works, I do not know, but in any event, it seems to me like we have just put a lot of money in the hands of people who are now saying later, well, I know it did not work, but we needed more testing.

Mr. WALTERS. I believe that is a central point, but I do not take the point to mean that I should identify who, what partners, in office or out of the office, or former people in the office did this.

Senator DORGAN. Somebody did. This is not a virtual government. Somebody did it.

Mr. WALTERS. This is what I think happened, and I recognize these are principles that are subject to dispute because of various people's different perception of what happened, more than anything else.

The program was started quickly because of the urgency of the issue. It was a big ramp-up, so people did what they could do to get as much done as they possibly could early on. It was an effort of urgency. We did not do everything as we would have if we had more time and we could have set things up.

Secondly, there was a problem in getting enough of the initial material. I think it would be better, frankly, for the Campaign to have multiple opportunities for alternatives and then choose the most powerful to put on the air. Frequently, it has had the problem of getting the ads in time to get anything on the air, and that is a problem and we need to fix that. I know that people have worked

effectively to try to improve that and they will continue to do so. We need the flexibility to make sure we are putting enough powerful material on the air to make the purchase worthwhile.

Lastly, I do think that you also are going to hear, if I read the testimony of subsequent witnesses, the same thing that may have mitigated some of this. You were told and will be told again that there is a lag time, that this kind of "behavior change" advertising requires people to think through their attitudes, make a change, and that the change has to take place before you actually see the behavior. Some people will tell you you have got to wait longer.

My view is, you have waited long enough. We need to make some changes and you need to see some results more specifically, and in a more timely fashion. I think they have got to be able to make an argument, given the magnitude of the expenditure, that whether you are waiting and you are going to get the result or you are waiting and you are not going to get the result, that the money has been well spent.

I also think that the question here has to be, is it reasonable to say that you cannot get more immediate results here? There are correlations between some of these things. As I said at the onset, there are correlations between things here, but those correlations are not the same as causality. The evaluation of these ads, asking about specific attitudes and specific behaviors, while not perfect, is the most powerful and the only existing instrument I am aware of that can measure this kind of advertisement with reasonable certainty. There are limits, but nonetheless, everything else is about correlations, in my judgment, and it has to be seen with a grain of salt.

So I believe that what we are facing are some changes that will make the program effective and a crucial tool. I am not just saying it is nice to have. I am saying I believe this can be a crucial tool in what we are doing. I believe I can potentially show you in the middle of this fall that the changes we have made will produce the kinds of progress we want, and if it is not, then we can, I am sure we will, come back in the fall or in the beginning of next year and the action can be more drastic, I suppose.

I do not think we are going to go down that road. I think this is going to work, and that we have learned something here. I believe maybe instead of the finger pointing, what I am trying to get people to do is say, we accept what we have learned and we will talk about how we are going to work together. I know people's feelings are hurt. They did this with the best of intentions and they feel they are being criticized.

As I learned from Bill Bennett, the fundamental principle of government service sometimes is "No good deed goes unpunished." But you have got to get over that and you have got to move on and you have got to understand that the fundamental issue here is the good of our children in driving down drug use, and whether people feel good or badly has to be secondary to that.

I want to drive the program in a direction that will make a difference. You will decide whether what I am proposing to you is enough to make you have confidence.

Senator CAMPBELL. Director Walters, we want the same thing, but we have heard a number of times, we are going to test the pro-

gram and the tests always come back that we are not making improvements for the reduction of drug use for the kids.

So let us fast forward another year. You say that you want to do further testing. Does that mean if we come back next year about this time and we get the results, say, that we are not making improvements, we still have not driven down the drug use at all for youngsters, that we should make some legislative changes or drop the program? I mean, at what point do we say, this is not working and we ought to go on to something else or put the money somewhere else?

Mr. WALTERS. I am willing to live by the results of the next—there will be an evaluation in the fall, there will be an evaluation next spring. If we came back this time next year, we would have two more evaluations.

Senator CAMPBELL. You will have two more evaluations before we meet next year.

Mr. WALTERS. Yes.

Senator CAMPBELL. If there is not some measurable reduction in drug use—

Mr. WALTERS. I am willing to live by the conclusion.

Senator CAMPBELL [continuing]. You would be willing to live by that and say, the heck with it, the thing is not working and we ought to be on something else?

Mr. WALTERS. Again, there may be people who do not agree with that, but I believe I understand what you are saying.

Senator CAMPBELL. Well, certainly the people who are beneficiaries of the millions we are spending every year, they are not going to agree with it. I understand that. But I am trying to think in terms of where we put the most efficient use of taxpayers' money, not keeping consulting companies alive that are getting the money.

Thank you, Mr. Chairman.

#### CONCLUSION

Senator DORGAN. Senator Campbell, thank you very much.

Director Walters, I think in light of the time, I am going to need to call the other three witnesses. I was passed a note that you have to leave at 3:30. I would like the opportunity, perhaps, for us to have another hearing or a meeting with you at some point to follow up. I have a number of questions that I have not yet asked and I suspect the other witnesses will provoke additional questions, as well.

We appreciate your being here and your being forthcoming. This is obviously an important issue, an issue that deals with a lot of money, and we thank you for your appearance today.

Mr. WALTERS. Thank you.

Senator DORGAN. Next, we will call Mr. James E. Burke, Chairman of the Partnership for a Drug-Free America; Dr. Lloyd D. Johnston, Distinguished Research Scientist, Institute for Social Research, University of Michigan; and Dr. Robert C. Hornik, Wilbur Schramm Professor of Communication, the Annenberg School for Communication, the University of Pennsylvania. Accompanying him will be Dr. David Maklan, Vice President and Study Area Director for Westat.

Would you please come forward and take your seats. The statements that all of you will make will be made a part of the permanent record in its entirety and we would ask for purposes of brevity that you summarize your statements for us.

We will begin, Mr. Burke, with you. You are the Chairman of the Partnership for a Drug-Free America. Why do you not proceed with your statement, following which we will ask Dr. Johnston, then Dr. Hornik to present.

**STATEMENT OF JAMES E. BURKE, CHAIRMAN, PARTNERSHIP FOR A DRUG-FREE AMERICA**

Mr. BURKE. Thank you, Mr. Chairman and Senator Campbell. I am going to try to keep my comments brief.

Senator DORGAN. We have a five-minute rule and there is a trap door beneath the chair.

Mr. BURKE. I will move the chair.

Senator DORGAN. It is a big trap door.

Mr. BURKE. I am Chairman of the Partnership for a Drug-Free America, which has been running its National Anti-Drug Media Campaign since 1987. Before joining the Partnership, as many of you know, I was Chairman and CEO of Johnson and Johnson. In all my years of working on the drug issue, which is a long time, I am more convinced than ever this is one of the most powerful weapons we have in the fight against drugs. The media is certainly the most efficient way and maybe the most powerful.

We are here to talk about the National Youth Anti-Drug Campaign. Most importantly, we are here to talk about, as has been mentioned, the 24 million teenagers that this campaign is designed to serve. This issue is all about children. The bottom line, that is it, and if we fail there, we have failed in the most important part of our country's needs.

By the way, you as politicians all know a good deal about advertising. You have conducted successful campaigns and you already know perhaps more than many of us do about how to use advertising and also how to measure it, the success of that advertising. The tenets of good advertising are quite simple. The last thing you would do in the midst of an election campaign is challenge them. Radically changing your message or your target audience or spending less on your media buys would not make much sense as you approached election day.

Over the last 2 years, this is what happened with the National Youth Anti-Drug Media Campaign. That is why I bring it up. Although it began both focused and effective, as data from that period indicate, and we will present that for you if you wish us to, the campaign steadily lost its way. Congress had it right 5 years ago when it signed up for this campaign. The original vision of the effort called for the advertising industry via the Partnership to provide strategic counsel and hard-hitting ads pro bono and the government, as you know, promised to provide funding to secure consistent heavy levels of media exposure for our campaigns.

When the campaign embraced a simple, focused, research-based vision, Mr. Chairman, it worked, and the evidence is very clear. During the first 2 years of the campaign, we reached our target audiences, teenagers and their parents, with hard-hitting ads that fo-

cused on one theme, the risk of drugs. The result—and it is time that we got some of these positive results out because I understand why you all feel so negative about it—41 percent increase in the awareness of the messages, as indicated by this chart, which you can see over here, an indication that marijuana use was beginning to turn downward after a 5-year climb. You have got to look at the first 2 years of this differently than the last 2 years.

Getting an accurate picture of the campaign's impact requires that we make a complete assessment of the entire effort by considering all data, not just some. The baseline for the Westat evaluation was taken 18 months—the baseline taken 18 months after the launch of the campaign. It is just not the total story. It does not capture any of the impact of the campaign's first 2 years. For an accurate assessment, we must consider all available data.

In years 3 and 4, which Westat does measure, the campaign moved away from its focused, proven approach and instead embraced a terribly complex, unfocused, theoretical plan. Clearly, Mr. Chairman, the campaign challenged some of the common sense tenets of effective marketing communication.

The campaign adopted more than a dozen different message platforms, replacing the tight focus on messages about risks and social disapproval of drugs. The campaign established a 26-step, 10-month-long process for approving the ads, replacing an eight-step process that took considerably less time. The campaign mandated our message content be targeted exclusively to 11- and 13-year-olds, who predominately do not use drugs, while ignoring older teens who are at greater risk, and that is pretty obvious.

And finally, Mr. Chairman, the campaign committed to us, at least, a cardinal sin when it began spending less and less on media. Nearly one-third of the \$180 million appropriation, or about \$50 million last year, was pulled away from the very thing that Congress agreed to pay for in the first place, media buys for anti-drug advertising.

In October of 2000, I sent a letter to the ONDCP—it is when General McCaffrey was still there—summarizing our perspective on these strategic issues, and with your permission, Mr. Chairman, we would like to submit this letter for the record because we went into complete detail about why things were not working and why they had to be changed.

[The letter follows:]

LETTER FROM JAMES BURKE

PARTNERSHIP FOR A DRUG-FREE AMERICA,  
New York, NY, October 2, 2000.

General BARRY R. MCCAFFREY,  
Director, White House Office of National Drug Control Policy, 750 17th Street, NW,  
Washington, DC.

DEAR BARRY: Thank you for your invitation to comment on the National Youth Anti-Drug Media Campaign as it enters its 3 year of national activity.

The campaign has brought Partnership advertising to an unprecedented number of our target tweens, teens and parents, and we are heartened by research data indicating that the increase in marijuana use by young people that began in the early 90's has leveled off.

Moreover, it's fair to say that PADFA has benefited from several of the campaign's innovations, including the more systematic application of behavioral science to strategy development, and the qualitative evaluation of our messages in concept



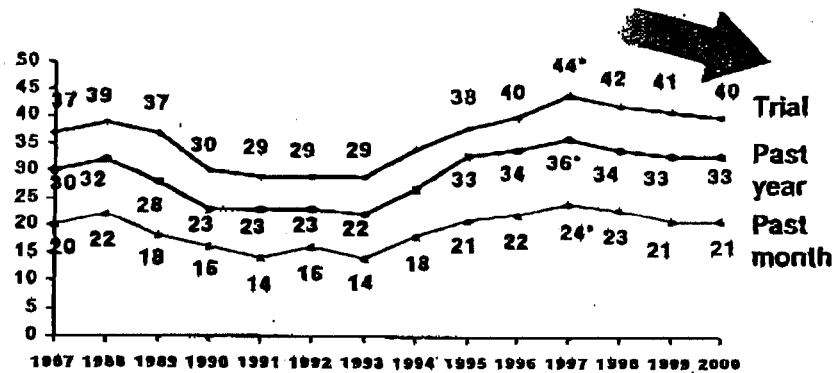
form, prior to, full production. Branding ("the anti-drug") may, over time, prove to be a benefit as well.

Nevertheless as we examine our own Partnership Attitude Tracking Study (PATS) data, and as we consider the campaign as a whole, we are seriously concerned by a number of developments:

*The apparent slowing of the decline in teen use of marijuana in the second full year of national activity (1999-2000 versus 1998-1999)*

After encouraging results in 1998 and 1999, the 2000 PATS study indicates that teen marijuana use has hit a plateau. Looking beneath usage at attitudinal data, PATS reveals a flattening in perceptions of risk (which had risen sharply in 1999) and a similar flattening in teens' perceptions that marijuana use is "everywhere" and that their friends are using (perceptions which has been declining steeply).

### Teen marijuana use

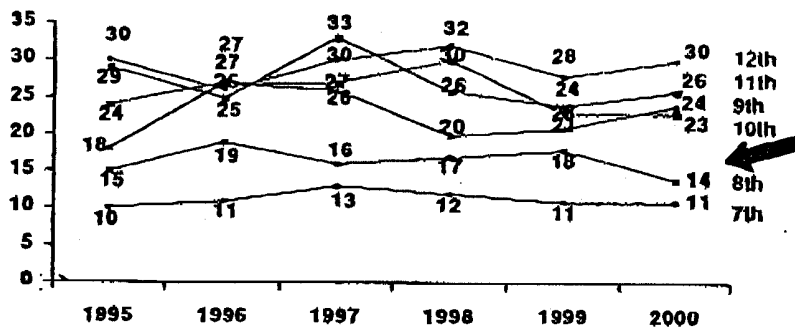


It could be that the drop in overall media support for the campaign is to blame here. It may be that the creative, is weaker than it was in 1998/1999, the flighting/message platform approach ineffective or the reduction in local support decisive. Factors unrelated to the campaign (e.g., pop culture, news events) may have influenced the trend.

It may also be, however, that the campaign's heavier creative emphasis on marijuana, targeted to tweens, softened the message to a critical degree. Our hypothesis: by pitching our marijuana message to 11-13 year olds, while (necessarily) buying our media against 12-17 year olds, we may have been "preaching to the choir" and failing to influence -or even alienating- the older, more experienced and skeptical teenagers who were watching and listening.

Tending to support this hypothesis is the following chart, showing how, within the teen segment, younger teens (our creative target) held the line or even decreased their past month marijuana use, while older teens (our media target) actually increased their usage. It seems likely to us that our tween targeted creative works while you're a tween, but loses its relevance—its sticking power—as the target ages beyond our narrow 2-year window.

### Past Month [Point of Sale] Marijuana Use by Grade, 7-12



#### *1999-2000 increases in teen usage of drugs other than marijuana*

An even more troubling by-product of the heavy emphasis on marijuana may be the increases we've seen over the past year in the use of other drugs by teenagers. The 2000 PAT'S reports increases in teen use of methamphetamine, inhalants and ecstasy.

Interestingly, while the perceived risks of meth, inhalants and ecstasy were flat this year versus last, there were significant jumps in teens' perception that their friends were using these drugs, as well as cocaine and heroin. The campaign emphasis on marijuana, and the absence of (or low-level support for) messages addressing "harder drugs" (nothing comparable in impact to "Frying Pan" is running this year), may have helped to allow an atmosphere of permissiveness and social acceptance to build up around drugs like meth (past year use up from 7 percent to 8 percent) and ecstasy (lifetime use up from 7 percent to 10 percent).

In short, while the media campaign appears to have been successful in putting a lid on tween marijuana use, it has been less effective with older teens, either in reducing marijuana use or in driving down use of other dangerous drugs.

PDFSA and its campaign partners are now seriously considering whether, with relatively minor shifts in targeting and message strategy, we might build on the campaign's success and extend its relevance to include teenagers and "harder" drugs.

*The steady reductions in media support for advertising, down from a national advertising rate of \$175MM in Phase I, to \$155MM in Phase II to \$145MM in Year One of Phase III, to \$130MM in Year 2—and exacerbated this year by nearly 20 percent inflation in broadcast media costs*

Any refinements made to the campaign, however, will be ineffective if inadequately supported, and we continue to be deeply concerned about the steady erosion of campaign funds devoted to the media buy.

ONDCP has been effective to date in securing consistent overall funding for the campaign, but the media budget has now fallen well below the \$175 million (in 1996) originally targeted by ONDCP and PDFSA. With media inflation this past year well into double digits, and with increasing support for other prevention (especially tobacco) campaigns, our effective voice has been significantly reduced.

#### *The steady retreat from campaign presence and relevance at the local level*

This is, of course, especially true at the local level, since reduced media budgets have forced us increasingly to rely on the efficiencies of national media, and the local match system, which might have extended our diminished local effort, has never really materialized. This clearly has implications not just in terms of local GRPs but in terms of local relevance. It limits our ability to respond to local conditions, such as a rash of heroin-related deaths or the sudden appearance of a new club drug. Moreover, if the campaign doesn't find its way onto the local independent

stations or into the local newspaper, if the advertising ceases to carry the tag and phone number of the local coalition or PDFA State alliance program, it loses a degree of immediacy and urgency for the local consumer and we begin to lose, too, the enthusiasm and support of so many of our local stakeholders.

*The ever-growing complexity and cost of the campaign's strategic architecture and performance measurement systems*

As the campaign has economized on its local media presence, it has expanded its cadre of contractors and subcontractors: Porter/Novelli, followed by Ogilvy & Mather, Fleishman Hillard, the BCEP (now with eight members), four target audience specialists and three ethnic media buyers, NIDA/Westat/Annenberg, Millward Brown, and a corps of copy testers and focus group moderators. Each of these parties, vastly experienced and certain of its point of view, has left its stamp on the campaign.

The resulting campaign is far too complex, calling as it does for the lockstep shuttling in and out, at 6 to 8 week intervals, of TV, radio, print, outdoor and interactive messages in multiple languages against 36 different strategies aimed at eleven different targets. We are skeptical, frankly, that even with each media flight devoted entirely to a single message platform, these highly nuanced messages (e.g., "monitor your at-risk sensation seeking tween") will register sufficiently after just 8 weeks' exposure to move the needle in Westat's survey. (And after those 8 weeks that message platform isn't heard from again for half a year.)

It may be, as I said earlier, that the slowed progress we're witnessing in 1999/2000 versus 1998/1999 is due simply to a drop in overall media weight, or in local media presence, but my guess is that we are expecting too much from consumers in the way of rapid attitudinal and behavioral responses to intricately flighted messaging—and flighted messaging is the biggest single change in the campaign's architecture, this year versus last.

*The gradual erosion of enthusiasm and creative support among advertising agencies and CRC members contributing their time and talent to PDFA*

Whatever effect this organizational and strategic complexity may have had on the campaign's effectiveness, I can say without question that it has eroded the Partnership's support from ad agencies, who donate their creative resources, and from our Creative Review Committee members, who contribute their valuable time.

The Partnership has been able over the years to bring forth the very best public service advertising because the only constraints we placed on their creativity were the creative strategy itself and the judgment of the industry's most respected minds. We—PDFA, our agencies and the CRC—now work in a state of continual compromise. We have compromised on the formation and proliferation of strategies, on the qualitative and quantitative evaluation of our work, and on fundamental issues such as brand identity.

All this is in direct contravention of ONDCP's intent, stated at the outset of the campaign, not to damage or destroy existing private sector programs that had demonstrated success in reducing youth drug use. The Partnership has been damaged, in the sense that agencies are less and less willing (or even able) to work with us on the ONDCP campaign, and we have had to recruit new CRC members to replace those who have left in discouragement with the increasingly academic character of the campaign and with the very prominent role played by ONDCP's advertising contractor.

As we look ahead, I am optimistic that the progress we've made can be sustained and enlarged, but only if the best features of this unprecedented campaign are preserved and if we can address the concerns I've just expressed.

Let me propose just a few broad principles for the "second half" of the campaign, and for the years beyond:

*Full Funding*

I urge you to do all you can, and of course I pledge my help, to restore to the campaign an advertising budget that can be effective in the face of competitive prevention efforts and media inflation, to say nothing of the many pro-drug voices directed at our children. If media support continues to erode, we should immediately reserve a significant portion of the media match (perhaps half) in which to run the same PDFA anti-drug messages running in the paid portion of the campaign.

*Extended Support*

As we look to a time beyond the currently funded 5 years, it seems clear that campaign success is a prerequisite for extension of Congressional funding. We hope to be in a position to join with ONDCP in making the case for effectiveness at the end of the 5 years; if the campaign falls short of its objectives, PDFA will of course make

every effort to incorporate into its pro bono campaign whatever lessons may be drawn from our experience in the paid campaign (some of which have already been learned, and are referenced in this letter).

*Restoration to PDFA of Strategic Planning*

While acknowledging the benefits of input from contractors and subcontractors, we believe that vesting PDFA now with the full authority to strategically plan the campaign is both practically possible and (perhaps) financially necessary. Simultaneously, I would significantly curtail the ongoing systemic role played by the Behavior Change Expert Panel, and arrange for their input on an "as needed" basis (e.g., if general market or ethnic strategies require substantial change, or if testing/evaluation methodology needs revisiting). PDFA has in many respects "been to school" over the past few years, has taken on board the most important lessons that BEBP and the campaign contractors have imparted, and we are now at a point where their continued routine involvement in strategic planning, agency briefing and creative evaluation may be more burdensome than helpful.

*The Role of Contractors/Subcontractors*

Moving beyond the one issue of strategic planning, I believe this is an ideal time to look seriously at the costs and benefits of services provided by the campaign's many contractors and subcontractors. I urge serious discussion of a scenario in which the advertising portion of the campaign is made entirely (though perhaps gradually) the responsibility of PDFA, working with a media and planning organization. In such a scenario, I hasten to add, PDFA would continue to make use of necessary academic and scientific advisers, maintaining rigorous standards of strategy development and copy evaluation, but on an as-needed basis and, where possible, pro bono.

Again, Barry, PDFA is committed to the National Youth Anti-Media Campaign. The available evidence suggests we have reason for optimism. We eagerly await evidence showing that innovations such as message flighting and branding have proven effective. But we also have serious concerns, and very real hopes for change. I look forward to discussing all this with you at your earliest opportunity. We want to help in any way we can.

Sincerely,

JAMES E. BURKE.

Mr. BURKE. Now, the fact is that General McCaffrey, while he received that letter, he retired just about 5 weeks after he received it and we went for a year with no leadership at ONDCP, and that should be thought through carefully, its impact. We did not have a head of the ONDCP for almost a year and we paid a price for that.

While the campaign has not worked as effectively as it could or should have over the last 2 years, the data do not support the assertion that the campaign has failed, not at all. Net drug use since the launch of the campaign is down, and you have got to go back to the launch of the campaign, not the last 8 months, and stable. The same is true for marijuana use.

I am here today to urge the committee to fully fund the campaign in fiscal year 2003 if and only if significant changes are made to return to the effort, the original campaign concept presented to Congress 5 years ago. That includes, Mr. Chairman, ensuring that the Partnership sets and guides the advertising strategy for the campaign and that the vast majority of the appropriations be used for media buys. If the media campaign is to succeed, it will require strict legislative language that carefully defines roles and mandates by law what the campaign can and cannot do.

Submitted in my written testimony are specific recommendations for getting the campaign back on track, some of the same things that we wrote to General McCaffrey before he left, that is, tapping the experience and expertise of the advertising industry to drive strategic matters on behalf of the campaign and rededicating the

majority of appropriated funds to testing and delivering effective advertising through the mass media. Along with these recommendations are concrete offers from the advertising industry leadership to assist us in this regard.

This is an area where the country has made great strides. Overall use of illicit drugs has dropped by close to 40 percent since 1985. I know that is over a long period of time, but that does not signify that the campaign has failed. Regular use of cocaine, which is the most dangerous, most difficult drug to deal with, is down close to 80 percent and the media does not talk about it. It is not in the news, but it is a reality and it is a very important reality that could not have happened without the Partnership for a Drug-Free America.

Today in America, there are 9.4 million fewer people using drugs on a regular basis and four million fewer using cocaine. When attitudes change about drugs, Mr. Chairman, drug use has changed. I have no doubt that the media played a very, very significant role in these remarkable trends.

The President has set ambitious goals of reducing drug use in America by 10 percent in 2 years and 25 percent in 5 years. Clearly, we must use every tool at our disposal and emphasize our most powerful ones, like the media. And by the way, I think those objectives can be met, should be met.

Advertising alone will not solve the drug problem, but we know, as verified by independent research and in-market experience, that we can, indeed, reach millions of kids, which, again, is the name of this game, with credible, persuasive information about drugs via the media.

Mr. Chairman, to date, the advertising industry through the Partnership has contributed about \$100 million in campaign messages—that is just in the creation of the messages—to the National Youth Anti-Drug Campaign. As you may know, we accept no Federal funding for our role in this effort.

The \$180 million requested for this campaign represents about 1 percent of the Federal drug budget. I know we can make this 1 percent work exceptionally hard. I know it can be used to produce the results we want if the media campaign is changed back to its original vision. Again, that will require us to return to a focused, proven, effective approach that we know can work. I firmly believe that the media is the most effective and efficient method we have to reduce the demand of drugs in America.

I would like to close, if I may, with a commercial, and this commercial is for a relatively new drug that has been mentioned earlier, Ecstasy. We do not have all the proof that we would like to have on this commercial, but I think it is a classic example of showing all of us the important ability to speak emotionally to parents and their children about how horrible this issue really is.

Senator DORGAN. Why do we not proceed with the commercial, please.

Mr. Burke, thank you very much.

Mr. BURKE. Thank you. I am sorry to take you on that emotional trip, but I have spent my entire business life in the advertising marketing field and there are two reasons why Johnson and Johnson has been successful, among others. One is a commitment to

getting the best product that you can make through technology, and using advertising to its fullest extent.

#### PREPARED STATEMENT

I am biased, and I admit it. I have absolutely no doubt that we can win this problem, and I would have not spent the last 13 years of my life trying it if I did not, and I feel stronger now than I ever have, if we do the right thing with the right focus over the right length of time. Again, thank you.

Senator DORGAN. Mr. Burke, thank you very much.

[The statement follows:]

#### PREPARED STATEMENT OF JAMES E. BURKE

##### INTRODUCTION

Thank you, Mr. Chairman, Senator Nighthorse-Campbell and members of the committee for inviting me to testify on the future of the National Youth Anti-Drug Media Campaign (NYADMC).

My name is Jim Burke and I have been the full-time chairman of the Partnership for a Drug-Free America (PDFA) since 1989. I've been actively involved in the drug issue for years, and served as chairman of the President's Drug Advisory Council during the first Bush administration. Prior to joining the Partnership, I was chairman and chief executive officer of Johnson & Johnson, where I began my career in 1953 as a product director. I was fortunate enough to spend the majority of my working life with Johnson & Johnson.

As I've said many times before, there were two areas of investment that were absolutely essential to Johnson & Johnson's growth and noteworthy success over the years: One, our consistent investments in research, which led to the development of breakthrough products and opportunities in the marketplace; and two, our investments in advertising. Simply stated, Mr. Chairman, Johnson & Johnson would not be where it is today had it not decided to invest heavily in each area.

Nor would the organization be where it is today were it not for its strict adherence to the Johnson & Johnson credo. I put great stock in this document, which is a statement of our professional values. In our credo—which is displayed in every Johnson & Johnson office and factory throughout the world—we recognize our top responsibility as our customers—not profit, not our shareholders, not the corporation itself. This recognition has served J&J extremely well, Mr. Chairman, in good times and bad—including the Tylenol crisis of the 1980. During that crisis, which would have destroyed the corporation, we knew that if we did what our customers wanted us to do, we would survive. Clearly, Johnson & Johnson did just that, and has not only survived, but thrived as a result.

My belief in advertising and long-standing interest in health and wellness issues led me to the Partnership for a Drug-Free America upon my retirement from Johnson & Johnson. The Partnership is a unique organization, one that I believe represents the best of what is truly good about this country. As you know, the Partnership is a coalition of volunteers from the communications industry, who work together—pro bono—to help reduce demand for illicit drugs in America. Initially funded by the American Association of Advertising Agencies and with deep roots in the advertising industry, the Partnership began some 10 years before the inception of the National Youth Anti-Drug Media Campaign (NYADMC). Early in its history, this tiny organization defined the application of commercial marketing techniques to addressing a major social problem. Today, Mr. Chairman, PDFA has 54 state affiliates throughout the country. Hundreds of volunteers—professionals in advertising, media, consumer research, talent unions, etc.—make this organization what it is. All work tirelessly for our mission because they believe that their talents—in advertising and media communication—can be used to influence societal attitudes about drugs, thereby contributing to actual reductions in drug use. They are correct in this belief, Mr. Chairman, as documented in independent research and our 16 years of in-market experience.

Since the launch of the NYADMC, the Partnership, through the generosity of countless advertising agencies, has donated some \$100 million in advertising campaigns and material to the NYADMC. We receive no Federal funding for our role in this campaign.

The Partnership's expertise is in consumer marketing, which involves understanding and serving the needs of parents and children—or, in advertising parlance, our consumers—as they relate to this issue. Through its years and years of research examining and tracking the consumers' mindset toward drugs—research that is the very foundation of all Partnership advertising—this single-minded organization has come to understand what parents and children think and feel about drugs unlike any organization in the country. The marketing disciplines to which the Partnership adheres have always embraced the highest industry standards.

Communicating effectively with parents and kids about drugs via mass media is no easy task. Effective communication is built on solid consumer research, research that professionals then translate into communication. The challenge of creating effective communication is part art, part science; part instinct, part research. It's knowing what to say, and how to say it. It's the very essence of what's most important about effective advertising—that is, creativity.

What makes advertising effective? Many things, but the defining characteristic is nothing more and nothing less than creativity. In advertising, without creativity, there is no communication. You don't need creativity to communicate facts and figures. The weather, the NASDAQ, the sports scores, the news. You don't need creativity to satisfy the left-brain's need for information. But we do need creativity to engage and energize our right brains. We do need creativity to give information relevance and meaning. We do need creativity to generate the differentiating capabilities of conceptualization and emotion that are the hallmarks of human mentality. We do need creativity to ultimately connect.

All of us—in marketing, in promotion, in design, in advertising—live on our ability to turn words, sounds, pictures, images into ideas that resonate in people's minds and motivate people's actions. Without creativity, there is no impact, there is no response, there is no communication.

It is my belief that the Partnership—that is, the advertising professionals and agencies that constitute this unique organization—has produced some of the most creative, most effective advertising ever done in this country, not just in the field of public service, but in advertising, period. That's not because of me, Mr. Chairman, or the senior executives who work at the Partnership. It's because the Partnership's work is actually the industry's work. It represents the best the industry has to offer. We are, after all, a coalition of professionals from the communications industry. The organization itself doesn't create the advertising; rather, it facilitates the creation of advertising which is, in a word, exceptional—not perfect, but exceptional.

And that's what we're really here to talk with you about today: the importance of the quality of communication, the importance of creativity and the creative process and why these are not working optimally in the NYADMC.

#### OVERVIEW OF TESTIMONY

Since the NYADMC launched, we've seen a net increase in recall of anti-drug advertising, positive movement in drug-related attitudes and a continuation of a modest downward trend in adolescent marijuana use (the campaign's focus).

The most dramatic changes in the data came in the first and second year of the NYADMC. It is important to note and appreciate these data, which are the only data available to assess the impact of the media campaign's first 18 to 24 months. The baseline for the Westat/Annenberg evaluation of the media campaign, taken 18 months after the launch of the campaign, also provides us with data we must note and appreciate. This evaluation tells us that during its 3 and 4 year, the NYADMC's parent-targeted campaign produced positive results, while the teen-targeted effort has not. Indeed, teen drug use has remained unchanged during this period.

Independent research, along with PDFA's in-market experience, tells us that anti-drug advertising can work—it can change attitudes, it can change behavior. To be clear, advertising is not the silver bullet; it will not solve the drug problem, or eliminate drug use among teens. But it is, without doubt, a highly efficient tool that can be used to reduce demand for drugs. There's also plenty of evidence to document the effectiveness of similar campaigns that have addressed a variety of public health and/or safety issues—i.e., drunk driving, teen smoking, etc.

So why hasn't the NYADMC—with all the time, effort and money that's been expended to back this effort thus far—produced better results?

Clearly, the campaign has not worked as effectively as it could have, and that's what we need to focus on today for the sole reason that there are powerful, constructive lessons to be learned that can inform the future direction of the campaign. One could say the advertising was ineffective. But that would be wrongly simplistic. In our business, Mr. Chairman, these types of assessments require the careful consideration of other factors as well.

Based on my observations and involvement with the campaign, and based on my professional judgment, a few factors must be taken into consideration to understand the campaign's performance to date:

- One, the campaign embraced an overarching “communications strategy”—an overarching theoretical construct, if you will—that has proven impractical to execute in the marketplace. The plan—which mandated the themes that would be included in the advertising—was then handed off to the campaign's advertising partners to execute.
- Two, the systems and procedures and processes put into place to bring this theoretical construct to life have absorbed precious resources and, it is my first-hand observation, has had a net detrimental impact on the quality of advertising produced for the campaign.
- And finally, in years 3 and 4, the campaign made a series of strategic missteps that have been costly—both in terms of time and money. These missteps illustrate what happens when intellectually-seductive theory gets in the way of good marketing discipline, which must be responsive to the actual realities how consumers think, feel and act.

With that, Mr. Chairman, let me say this: This campaign is needed. This campaign is necessary. With the right changes, this campaign can work. Each day in America, thousands of kids face choices about using drugs. Their choices are influenced by a variety of factors—parents, friends, siblings, peer group, pop culture and the media. That's where we come in: Media-based education campaigns—when managed and executed properly—can influence these decisions.

The campaign was working when it was simple, focused and true to its original vision. When it was changed, it stopped working. The core idea behind this campaign—tapping into the power of mass media to educate teenagers and parents about the dangers of drugs—remains sound. In my view, it simply needs to get back to basics. Some say the solution is more control of the campaign, more oversight and more involvement in the creative development process. I say, Mr. Chairman, that is a major part of the problem.

Should the committee decide to again support the NYADMC, I would urge you to carefully consider one critical issue: the depth and breath of marketing and advertising experience of the person or persons you charge with making key strategic decisions for the campaign. Clearly, this was of the utmost importance to us as we managed our businesses at Johnson & Johnson. The Partnership is willing to lend its expertise in this area, Mr. Chairman, and so is the advertising industry, which wants to see the NYADMC realize its full potential. We offer it without charge to the NYADMC as a measure of our belief and commitment.

As we discuss the future of the NYADMC, some are proposing that part of the solution for the campaign's problems rests in greater control over the advertising development process. Mr. Chairman, in my opinion, this is the very last thing we need. I have great respect for the power of advertising, Mr. Chairman, and from my years at Johnson & Johnson, I came away with an even great respect for the creative process. It is a delicate process that must not be interfered with. If it is, it will ultimately effect the quality of communication that comes through in the advertising itself.

#### THE ORIGINAL CAMPAIGN IDEA

As proposed to Congress some 5 years ago, the original “vision” for the National Youth Anti-Drug Media Campaign included two key elements—private sector support, and public sector funding. The advertising industry, through the Partnership for a Drug-Free America, would provide strategic guidance and message content to the campaign pro bono, while the Federal Government would provide funds for the purchase of media time and space to deliver these messages with enough frequency to influence American teens and their parents.

It was a vision that grew out of declining media support for PDFA messages over the course of the mid-90's as the broadcast industry underwent fragmentation and profit pressure. The unfortunate by-product of this was net declines in contributions of free media exposure for all public service campaigns, including the Partnership's. By 1997, we reached a point where Federal purchase of media time was required to restore anti-drug messages to their former levels of visibility and effectiveness, and the National Youth Anti-Drug Media Campaign was born.

The campaign's concept was simple—the best ideas usually are—and in the campaign's first 2 years, 1998 to 1999, it was allowed to operate more or less as envisioned by you, the Congress, as the authorizing body. In those 2 years, the campaign focused on just two types of message (ads focusing on either the risk or social disapproval of drugs), targeting a cohort of at-risk teens (13 to 15 year olds, who were



contemplating or engaged in drug experimentation) and delivered those messages through a combination of paid advertising (\$154 million in that year) and an equivalent amount of free media exposure through the campaign's "match."

PDFa national tracking data indicate dramatic increases of recall of the advertising, corresponding shifts in drug-related attitudes and a modest, but encouraging decline in drug use among teens. During its first 2 years, tracking data recorded a 41 percent increase in the percentage of teenagers seeing or hearing an anti-drug message every day or more. And, as recorded by Monitoring the Future, the National Household Survey on Drug Abuse and PDFa's Partnership Attitudinal Tracking Study, drug use among adolescents continued trending downward.

We're here today, Mr. Chairman, because that positive momentum has stopped—but it can be regained. In short, Mr. Chairman, the campaign in its first 2 years featured all those things it must have again: testing of research-based messages; a well-chosen target audience; a single-minded strategic focus on the risk and social disapproval of drugs; strong financial support from the government for the purchase of advertising time and space supported by an effectively targeted "match" program; and, above all, professional guidance on key strategic issues. When all these elements were in place, the data clearly show the campaign was making inroads.

#### *Campaign Analysis*

While the campaign originated with an elegantly simple vision, today it attempts to adhere to an unwieldy theoretical construct of a "fully-integrated social marketing campaign." The plan has called for achieving as many as 19 different strategic communications objectives via an integrated communications plan encompassing advertising, celebrity involvement, entertainment content, on-line events, corporate involvement and sponsorship and so on, with everything's impact evaluated by its impact on behavioral outcomes.

It all sounds impressive, and I believe if you were to share the plan with any major corporation in America, the response would be clear: nice theory, but it doesn't match real world marketing practice. Significant amounts of money were written off by companies promulgating the theories of "fully integrated marketing" in the 1980s, only to conclude what we suggest to you today. The advent of new communications technologies since then has only increased the appetite for theories that have proved ineffective and wasteful.

The same can be said for the processes and procedures for the campaign. At one time, the process for getting an anti-drug ad created, approved and delivered to the American people via this campaign involved more than 30 distinct steps. This was an unacceptable burden and hindrance on the creative process according to those with experience and know-how in creating effective advertising, and indeed, the process has been streamlined somewhat. Now it includes 18 steps, not counting the steps contained within each step, all of which are estimated to take 194 days to complete.

That's more than 6 months, Mr. Chairman, which means if you were to say on the 4th of July that the campaign needed to start addressing a new drug threat immediately, the various campaign procedures now in place means you would not see a single new ad addressing that threat until after Christmas. How many kids do you suppose might benefit from a more streamlined process than that?

And I can tell you that no client in our business, including those who spend even more on advertising than the NYADMC program, would operate on such an inefficient and ineffective timetable. Can any member of this Committee imagine subjecting an election campaign to this type of structure?

Yet, as devastating as all this is to truly effective advertising, volunteers have done their best to give the campaign what it has asked for. Unfortunately, over the past 2 years, the campaign has taken a number of steps away from its ideal focus. Here are a few of those steps:

First the campaign changed the age group it targeted its youth advertising to, restricting our target to 11- to 13-year-olds while omitting the critically important 13- to 15-year-olds. This may sound subtle and somewhat insignificant to most of you, but please understand that most children in the younger age range do not, by and large, use drugs. Therefore, it's understandable that, despite advertising heavily to this group over the last 2 years, drug use rates did not decline. Drug trend rates would not decline, obviously, if you talking with kids who aren't using drugs.

The rationale behind this "inoculation" strategy was that by communicating to a younger, non-drug using cohort, the campaign would instill anti-drug (marijuana) attitudes that would carry these children through adolescence and effectively prevent experimentation with any drug. That's fine theory. We may or may not see return on investment in this area but it will take years.

Beyond that, broadcast media was purchased against the only available demographic: 12- to 17-year-olds. The result: older teens were being consistently exposed to messages that had limited relevance to them, while tweens were receiving messages about a drug that most of them have never been offered, and which, at this young age, nearly all of them are still determined to resist. (Source some of these sentences to buttress the points raised here.)

Second, the youth-targeted campaign violated one of the cardinal rules of advertising: pick your message, and repeat, repeat, repeat. The campaign mandated new themes in the advertising, moving away from the focus on ads that communicated pointedly about the risks of drugs and/or helped develop the idea of their social unacceptability. Per the overarching “communications strategy” for the campaign, ads were created based on such well-meaning but obtuse themes as: “positive consequences of non-use,” “demonstrations of refusal skills” and “role modeling.” (The Westat/Annenberg evaluation notes that messages about the risks of drugs most strongly correlated with impact among the target.)

Third, with an expanded message base of advertisements, the campaign adopted a strategy of delivering messages through limited media “flights”—media bursts of from 6 to 12 weeks. Between July 2000 and June 2001, the campaign aimed three different “message platforms” at teens, and six at parents. Several of these strategies ran for just 6 weeks; none ran for more than 12. Such brief flights do not offer enough media exposure for any one of these multiple messages to resonate in the marketplace.

Fourth, the campaign adopted its “The Anti-Drug” so-called branding theme to help build recall of the advertising. This theme originally was developed for parent messages, but was modified and exported to messages targeting youth with only a cursory check of its relevance to actual kids. The problem, Mr. Chairman, is the theme presumes that kids are in the market for an “anti-drug” in the first place. This is almost certainly not the case for older, truly at-risk teenagers—and if we want to reduce drug use, which is the campaign’s goal, it is these older teens the campaign should be talking to. Worse yet, mandating this theme requires that all creative work be dedicated to ads that make the theme relevant, thus constraining the creative ability to make the strategic message as impactful and persuasive as possible.

Now, according to Westat, “There is good evidence that the more individuals were exposed to Campaign advertising the more likely they were to recall the brand phrase.” But recall is a measure of efficiency, not effectiveness. High-recall of what is arguably an irrelevant message for the target audience does not enhance the effectiveness of the communication. To wit, it may actually hurt.

The necessity of a branding message for this campaign may be debatable. But it has been the Partnership’s opinion that unlike everyday consumer goods advertising, it is unnecessary since the “product” (dissuading kids from using drugs) is unarguable and uncontested. When you are advertising a potential cure for a notorious disease without competition, you don’t need a branding theme line.

And finally, steadily, since the beginning of the campaign, less and less has been spent on delivering anti-drug advertising to target audiences. And less and less of the campaign match has been dedicated to the same. At the same time, there has been a net increase in the cost of advertising, meaning that by spending less, the media campaign is getting far, far less exposure today than it did early on.

Mr. Chairman, many of these issues were first brought to the attention of the ONDCP about 2 years ago. In a letter submitted to ONDCP, each and every one of these issues were addressed in detail, and we urged that the campaign take action to refocus on a more focused approach—the right approach, executed the right way—which worked in the early stages of the campaign. (Mr. Chairman, I would like to submit that letter for the record.)

#### PUTTING THE CAMPAIGN BACK ON COURSE

We remain committed to the parents and the kids that this campaign can help, and we remain committed to the elegantly simple business model that produced results in the first 2 years of the campaign.

Here, Mr. Chairman, are my recommendations for improving the NYADMC:

—*Create a Strategic Advisory Working Group to function as the key administrative body of the NYADMC.*—Ideally, senior advertising executives and marketing executives with no vested interest in the campaign, or contractual relationship to the campaign, would participate in this working group along with ONDCP and PDFA representation. The working group would monitor and direct the campaign strategies for the advertising and media resources to execute and be responsible to the appropriate committee(s) of Congress. If this Committee were

interested, Mr. Chairman, I am certain the American Association of Advertising Agencies would volunteer to assist in assembling a list of candidates for this body. (Ideally, it would be a small group.)

—*Streamline the campaign's advertising approval process and related systems so that they are up to acceptable standards of the advertising industry.*—The American Association of Advertising Agencies has offered to assemble an expert panel to make recommendations on the campaign's advertising development and approval systems, by no later than Labor Day.

—*Augment the existing campaign evaluation with research that meets the standards of commercial advertising and marketing.*—The American Association of Advertising Agencies has offered to assemble a panel of research experts to make recommendations by no later than Labor Day on what measures beyond Westat the campaign might take into account when evaluating impact in the marketplace.

—*Ensure that appropriated funds are specifically channeled into media buys for the campaign's advertising.*—Mr. Chairman, last year, the media campaign spent \$130 million of its \$180 million on advertising buys. The \$130 million working media budget was then split in two—roughly \$59 million to reach parents, and \$49 million to reach teenagers (with the remainder dedicated to multi-cultural ads and Internet.) In addition, we must encourage and monitor the use of “matching” media on the actual NYADMC messages as originally intended rather than often at best vaguely related advertising. (We know the “match” is being utilized but we don't know how much of it is truly focused anti-drug messaging.)

In the commercial marketplace, we compete for share of voice. The challenge is to breakthrough to your target audience consistently. That requires a fighting chance in the marketplace, Mr. Chairman. Last year, Anheuser-Busch spent \$396.2 million on media buys. Nike spent \$233 million. The Gap, \$229 million. The working media budget of the American Legacy Foundation's “truth” campaign was \$108 million. Mr. Chairman, our message exposure level for both the teen-targeted campaign and the teen-targeted effort was less than the \$65 million one company paid to market its highly regarded brand of ketchup.

#### WHAT THE NYADMC BRINGS TO THE PARTNERSHIP FOR A DRUG-FREE AMERICA

Opportunity. That's what the campaign brings to the Partnership, Mr. Chairman. The campaign puts no dollars in our pockets, or into our organization's operating fund. We haven't accepted a dime of the campaign appropriation to date. Every trip we've made on behalf of the NYADMC, every expense we've incurred—staff time, resources—have been absorbed by the Partnership. As an approach to business—commercial, or non-profit—this probably isn't the most fiscally sound way to go, but Mr. Chairman, remaining contractually non-committed to the campaign allows us to speak openly and candidly about what we believe is best for parents and the teenagers this campaign is designed to serve.

What the taxpayers' money does buy for us is two incredibly valuable resources: first, research—to test the advertising and to track the effectiveness of the campaign; and second, consistent, focused delivery of anti-drug messages—via media—to our target audience, and the additional leverage that can be provided thereof.

#### WHAT PDFA BRINGS TO THE NYADMC

Talent. Creativity—and access to some of the finest creative talent in our Nation. World-class advertising. Passion, commitment and real-world, in-market, exceptionally-accountable experience. This is what the Partnership brings to the media campaign—all for free.

You can put a price tag on some of it, and we estimate that the value of PDFA advertising produced for this campaign to be in the \$100 million range. Hopefully, Mr. Chairman, the work of the dozens of advertising agencies that have worked for the NYADMC to date pro bono will as examples of the passion, commitment and experience that this organization represents. When we hear President Bush talk about the importance of volunteering time and effort to the country, we can relate. The Partnership is a story of exceptional volunteerism—one that has kept me engaged with the organization, despite the demands of running a business, for 17 years.

Your advertising is developed not by one advertising agency, but dozens. Thus, your advertising benefits from the pool of talent and creative instincts of dozens of professionals in our industry. The campaign's advertising enjoys something that every major commercial client would give their marketing eye-teeth to have—that is, the creative development of multiple creative directors, some of the best, most

creative minds in the \$250 billion advertising industry, whose work is then reviewed by their peers. Our Creative Review Committee is comprised of men and women responsible for some of the most highly successful marketing campaigns in the country. GM, P&G, Microsoft, you name it. And each of these commercial advertisers would love to have a committee like this review their copy before it was put out into the marketplace.

(The problem is, Mr. Chairman, that the input of these creative minds is being second-guessed, changed or simply ignored as the advertising we produce for the campaign travels through the NYADMC approval process. It is demotivating the volunteer effort and commitment. The campaign system is hurting the core creative product. It is hurting the effectiveness of the communication produced for the effort.)

#### IMPACT OF THE NYADMC SYSTEMS ON THE PARTNERSHIP FOR A DRUG-FREE AMERICA

As we plan our organization's future, we've done what good commercial marketers do—conduct research. This research is designed to access the equity we have in the Partnership brand. In other words, what do our consumers and constituents think about the Partnership, its work and their participation in our mission.

We are, as I've said, a coalition of volunteers—volunteers who've been attracted to contributing their professional talent to the organization. Most do so, Mr. Chairman, because they're motivated about using their talents in communication to make a difference in the lives of people all around the country. (Our new annual report features story after story about these volunteers, Mr. Chairman. I would invite you and the committee to consider their perspectives. They are inspiring.)

What we are discovering through our research is that the NYADMC is having a negative impact on the experience our volunteers have with the Partnership. Research interviews report agencies frustrated with the campaign-imposed systems and procedures. Worse, after seeing the communication they develop changed for the worse, they're left angry and demoralized. Nothing can be worse for us, Mr. Chairman, or the future of the Partnership. The implications are clear, and we will be monitoring them closely.

And, as a matter of practical reality, if advertising is to be developed by paid agencies in parallel (or in competition) with PDFA volunteer agencies, it will only be a matter of a very short time before no agency volunteers further. What business would give away what their competitors are being paid for?

#### CONCLUSION

When it comes to the National Youth Anti-Drug Media Campaign, there are two clients—the members of Congress who have put the money behind this effort, and the American people, who stand to benefit if the effort succeeds. For the past 2 years, neither client has gotten the results they deserve.

If that is to change, Mr. Chairman, we must remember that great advertising depends on two things: research that informs the strategic direction of the advertising, and great creative work. Campaigns of this magnitude need focus, experienced strategic guidance. That's what the Partnership and its volunteers always have believed in, and it's what we continue to be ready to offer.

Experience counts, Mr. Chairman, and our experience tells us with this campaign that if we return to first principles, if we focus the effort on what we know works, if we trust talented communications professionals with the strategic stewardship of this campaign, we can get this campaign back on track.

As a businessman and as a volunteer for the Partnership for a Drug-Free America, I ask the committee's careful consideration of the next phase of this effort. Perhaps you will decide that this campaign is beyond repair. Perhaps you will conclude that it cannot work from within the government. If the committee grants this campaign once final chance, Mr. Chairman, we need legislative language insuring that it is done right, or it shouldn't be done at all. By done right, I mean clearly defining the roles of the key players in the campaign—PDFA and ONDCP—that push the campaign toward the vision of the effort presented to Congress 5 years ago. Simply stated, there is too much at stake for the overall prevention field and for public health communication. This campaign cannot afford to fall short of its goals again because if it does, it will cast a pall over the entire prevention field, it will raise doubts about the efficacy of media-based education programs—which we know, when done well, can work. And it is, at the end of the day, our consumers—parents and teenagers—who will suffer the losses.

The Partnership and the advertising industry stand ready to assist you, Mr. Chairman, Senator Nighthorse-Campbell and members of the committee. Thank you.

For the record, Mr. Chairman, I have attached a few examples of the documented effectiveness of anti-drug advertising developed for the Partnership. That material follows, herewith:

#### DOCUMENTED EFFECTIVENESS OF PARTNERSHIP FOR A DRUG-FREE AMERICA EFFORTS

The original vision of the campaign as a public-private partnership was—and continues to be—supported by research that shows research-based, high-impact anti-drug advertising, running at high levels of media exposure, correlates with positive movements in key drug-related attitudes and declines in drug use nationally.<sup>1</sup> Partnership campaigns feature outstanding, hard-hitting creative advertising built on strong consumer research, meticulously planned strategies and appropriate testing of advertising strategies and concepts. When delivered at optimal levels of media exposure, these campaigns have had a tremendous impact in the marketplace.

If I may, Mr. Chairman, allow me to share two examples with you and members of the committee.

*National Campaign on Inhalant Abuse.*—In the early 1990s, our national tracking study indicated a troubling trend developing with the abuse of inhalants by children. According to the prestigious Monitoring the Future survey, the number of 8th graders trying this unusual form of substance abuse increased from 17.6 percent in 1991 to 21.6 in 1995. That meant more than one in five 8th graders had reported “huffing” or inhaling gases or fumes from ordinary household products to get high. The Partnership fielded consumer research among children and parents to understand consumer attitudes about inhalants. We discovered most children knew about the practice, but while most viewed regular use of inhalants as dangerous, only 35 percent regarded experimentation with inhalants the same way. Our research indicated while parents defined the practice of inhalation abuse to glue sniffing, the majority of parents were largely unaware of the hundreds of household products kids were misusing.

—*Results.*—The Partnership launched the first, national, media-based education campaign on inhalant abuse in 1995, featuring parent-targeted messages designed to inform parents about the scope of the inhalant problem, and teen-targeted messages designed to convey the extreme dangers of experimenting with inhalants. (Teen-targeted advertisements were cautious not to inform or educate about the actual practice of inhalation abuse.) The results have been dramatic and long-lasting: The number of 8th graders who reported seeing great risk in the use of inhalants increased from 36.4 percent in 1995 to 45.6 percent in 2001; further, the number of 8th graders who reported using inhalants fell by 21 percent. In 2001, Monitoring the Future researchers wrote: “We think that the active efforts of the Partnership for a Drug-Free America and other organizations to get the word out about the dangers of inhalants have paid off. We observed an upward shift in this belief in all three grades in 1996, which corresponded to when the Partnership launched an ad campaign on the dangers of inhalants.”

*National Campaign Targeting Heroin.*—In the mid 1990s, pop culture and fashion in America gravitated toward an unusual style that the news media described as “heroin chic.” To assess consumer attitudes about heroin, PDFA examined its national tracking data and detected a potential problem in the making. While generations from the 1960s and early 1970s experienced first-hand the toll of heroin abuse and addiction, the generation of teenagers living in the 1990s had no such perspective. Their introduction to heroin was not laced in the heroin-related deaths of the 60s, but in the fashion lines of the 1990s, which were quickly adapted into television, film and other entertainment media. Further, the data were clear: According to the 1994 National Household Survey on Drug Abuse, just 50 percent of those 12–17 saw great risk in trying heroin, compared to 67 percent of those 18–25 and 86 percent of those over 35. Our researchers also noted that snortable heroin made the drug more approachable for a new cohort of consumers.

—*Results.*—Several PDFA advertising agencies developed a new campaign designed to deglamorize heroin use—to effectively unsell heroin before its appeal advanced. The campaign included images of young abusers of heroin. Post campaign data indicated positive changes in attitudes about heroin: The percentage of teens who agree strongly that heroin is a dangerously addictive drug significantly increased from 84 percent in 1996 to 89 percent in 1997.

<sup>1</sup>Partnership anti-drug ads began airing in 1987; after declining 14 percent from 1982 to 1987, past year illegal drug use among 12th graders declined 36 percent from 1987 to 1992 [Monitoring the Future].

Anti-drug advertising is also playing an important local role around the country, via members of the Partnership's State/City Alliance Program—which replicate our national model in state- or city-wide media-based education campaigns—as well as community anti-drug coalitions, which adapt our advertising into their overall initiatives. Mr. Chairman, allow me to offer the following examples to underscore my point:

*According to the 2002 Coalition for a Drug-Free Greater Cincinnati survey, adolescent marijuana use decreased 13 percent from 2000 to 2002 while national rates have remain unchanged.*—The survey, which indicated adolescent substance abuse had declined in Greater Cincinnati for the first time in 12 years, also showed that among youth who report seeing anti-drug messages regularly, there was a 20 percent reduction in marijuana use. (Source: Student Personal Drug Use Survey; Coalition for a Drug-Free Greater Cincinnati, 2002)

*Local media concerns in the greater Miami area and the Miami Coalition for a Safe and Drug-Free Community have utilized Partnership anti-drug advertising to achieve community-wide goals and objectives pertaining to substance abuse.*—Research conducted in Miami in 1999 documents an increase in social disapproval and perceived risk in marijuana use corresponding to a decrease in use of the drug among 7th- to 12th-graders. The only source of information about the risks of drugs that showed a significant increase was television anti-drug commercials. (Source: The Miami Coalition/University of Miami Youth Scholl Survey; Miami Coalition/University of Miami, 1999)

From 1998 to 2000, awareness of the risks of drugs increased significantly among middle-school students in New Jersey—the primary target audience of the Partnership for a Drug-Free New Jersey, which adapts PDFA advertising for local distribution in the state. Since 1995, marijuana use among this teen cohort has decreased proportionally by 31 percent, putting the rate of use by New Jersey middle school students at half the national average according to then-New Jersey Senate President Donald DiFrancesco. DiFrancesco went on to say the results “bode well for the continued success of New Jersey’s drug abuse prevention efforts.” (Source: Partnership for a Drug-Free New Jersey Middle School Substance Abuse Study, 2000)

Throughout the years, the impact and influence of Partnership advertising has been documented through independent research as well, Mr. Chairman. Here are but two recent examples for your consideration, both published in the *American Journal of Public Health*:

—A case study funded by the National Institute on Drug Abuse and conducted by researchers at the University of Kentucky targeted at-risk—or “sensation-seeking”—adolescents in select counties in Kentucky with highly-tailored advertising about the risks of marijuana. Over the course of 2 years, select counties in Kentucky were heavily exposed to campaign advertising, developed by PDFA and university researchers. Data were collected and compared to counties in Kentucky with no such exposure to the campaign. Pre- and post-study data collection documented a 27 percent decline in marijuana use among at-risk teens exposed heavily to the campaign, which ran over the course of 2 years. (Preliminary reports from a follow up study indicate the finding is being replicated.)

—In an analysis of PDFA advertising originally used in the National Youth Anti-Drug Media Campaign, researchers at the Annenberg School of Communication at the University of Pennsylvania reported overall positive impact of PDFA advertising among target audiences. Of 30 anti-drug public service announcements tested, 16 (53 percent) were rated as significantly more effective than the control (a 30-minute program on media literacy with 24 seconds of drug references), 8 (27 percent) were rated at parity with the control, and only 6 (20 percent) were rated as significantly less effective than the control program. In summary, 24 of the 30 PDFA messages, or 80 percent of those tested, rated as good as the control or better.<sup>2</sup>

Earlier, independent research also speaks to the value and impact of Partnership-created anti-drug advertising:

—In 1991, a study published in the *Journal of Pediatric Medicine* by researchers at the Johns Hopkins University School of Medicine showed the impact and credibility of PDFA advertising on urban and suburban Baltimore-area school children. The study found that among middle and high school students exposed to anti-drug advertising, the majority identified a positive impact of the ads on their knowledge, beliefs and attitudes pertaining to drug use. Further, 75 percent of these students perceived that the ads had a deterrent impact on their own actual or intended drug use—and even many drug users claimed a deterrent impact of anti-drug advertising. In conclusion, the authors said, “our find-

<sup>2</sup>“Avoiding the Boomerang,” op. cit.

ings suggest that anti-drug advertising serves as a deterrent to youth substance abuse.”<sup>3</sup>

—Scheduled for publication in the August 2002 American Journal of Public Health is an analysis of the influence of Partnership advertising on marijuana and cocaine trends, conducted by the Stern School of Business at New York University. Researchers found the cumulative impact of anti-drug advertising was to lower the probability of marijuana trial by 9.25 percent and cocaine trial by 3.6 percent. The researchers also found that the availability of drugs had no association with most usage decisions, suggesting “more emphasis should be placed on demand versus supply side strategies for decreasing drug consumption.”<sup>4</sup>

— And in a unique collaborative case study, published in 1993 jointly by Harvard University’s School of Public Health and the Harvard Business School, researchers examined the genesis of PDFA’s unusual business-oriented approach to addressing a major public health problem. The researchers noted that in the first few years of the Partnership’s efforts, the number of teens reporting they had tried marijuana fell nearly 23 percent, while attitudes toward drugs and drug users became increasingly negative.<sup>5</sup>

The effectiveness of advertising created for the Partnership for a Drug-Free America, and the business model of PDFA, served as the foundation for the concept and original vision of the National Youth Anti-Drug Media Campaign. It is that vision that guides our recommendations for how to ensure that this campaign will give the American people the results they deserve.

Senator DORGAN. Next, we will hear from Dr. Lloyd Johnston, a Distinguished Research Scientist, Institute for Social Research, University of Michigan. Dr. Johnston, your entire statement will be part of the record. You may summarize. Why do you not proceed.

**STATEMENT OF LLOYD D. JOHNSTON, Ph.D., DISTINGUISHED RESEARCH SCIENTIST, INSTITUTE FOR SOCIAL RESEARCH, UNIVERSITY OF MICHIGAN**

Mr. JOHNSTON. Thank you, Mr. Chairman, Senator Campbell. I am going to suggest in my testimony that we may be in danger here of over-interpreting a single study when looking at a large issue over a long period of time.

I appreciate the opportunity to comment. My name is Lloyd Johnston. I am the Program Director and Distinguished Research Scientist at the University of Michigan’s Institute for Social Research, where for the past 28 years, I have directed the ongoing study of drug use among American young people entitled “Monitoring the Future.” Much of my testimony today draws upon that work, so let me just mention briefly a little bit about what you will be looking at.

This is funded by the National Institute on Drug Abuse under a series of research grants. It contains large nationally representative samples of students in eighth, tenth, and 12th grades, ranging in age from 13 to 18, roughly, so teenagers. Then at present, some 45,000 students are surveyed each year. They are asked their use of a wide variety of drugs and also some of their experiences and attitudes and beliefs related to those drugs, and more specifically, they are asked about how frequently they see anti-drug commercials or spots on television or hear them on the radio and about the extent to which they feel that such commercials have made them less likely themselves to use drugs. So we are asking the audience here.

<sup>3</sup> “The Impact of Anti-Drug Advertising,” Reis, Duggan, et al.; December 1994.

<sup>4</sup> “Does Anti-Drug Advertising Work?” Block, Morwitz, et al., scheduled August 2002.

<sup>5</sup> “The Partnership for a Drug-Free America,” Walsh, Moeykens, et al., September 1993.

My comments are organized around a set of charts, to which I would like to draw your attention. For the audience that cannot see them, they are also in the back of my written testimony.

The first contains the long-term trends in marijuana use, actually, over a 26-year period, less than that for the 8 and 10 grade students. I want to comment on a couple of things on this chart, and one is the great variability over time. These behaviors that we are looking at are not immutable behaviors. They are subject to a range of social influences and they have changed in response to those over the decades.

Note also that use leveled off in 1996 or 1997 in all grades after a period of fairly sharp rebound in the epidemic in the early 1990s. And in fact, in the eighth grade, there has continued to be some fairly steady decline in marijuana use since that turnaround. The year 2001 was the first exception, where it was flat.

Chart two shows very similar trends for an index of using any of the illicit drugs other than marijuana, which is quite a range of drugs, of course. It has fairly similar trends to those for marijuana. There has been some progress since 1998, when the Federal campaign began, for eighth graders in particular, again, the youngest teens showing some downturn through the period when the Federal campaign has been in place.

And a number of important specific drugs have declined appreciably during this period and I want to call attention to that because all the focus here has been on marijuana. Inhalants, as I will show you later, have gone down a lot, LSD use, heroin use, cocaine use, crack use. These are important drugs. They were the center of our drug concerns in the 1980s.

I do not have the time to show you the charts for these individual drugs, but if I did, what you would see is each one has a different profile of change over time and that suggests strongly that there are drug-specific influences that are driving their use. It is not just a general attitude against drugs or for drugs. It is more specific beliefs about Ecstasy or LSD or marijuana. Two powerful influences that we think account for this have been the perceived risk associated with a drug—is it dangerous to use—and disapproval.

Chart three shows the trends in reported weekly exposure by students to anti-drug commercials on TV and radio. This actually goes back to the beginning of the PDFA effort in 1987. What you see is that in the early 1990s, there was a gradual decline in recall exposure, something that we knew from the data on media placement, as the pro bono placement waned. The kids were simply seeing less ads, as we would expect.

Then in 1999, there was a sharp increase as the Federal funds kicked in to buy time and space, and then a leveling. But notice also that the rates of recall exposure have not yet reached the earlier levels during the pro bono period, so there may be a question here of sufficient media weight that some of the earlier comments have addressed.

Chart four shows trends and students' reactions to the campaign. They are asked to what extent the ads have made them less likely to use drugs themselves. I have always been rather amazed at how positive these results have turned out. The majority of students at



all three grade levels credit the anti-drug ads with having at least some deterrent influence on them and that has been true throughout, and substantial proportions credit the ad campaign with having a lot of influence. Forty percent of the eighth graders, for example, in 2001 say that.

The proportion of eighth graders reporting effects has risen steadily since 1997 as exposure has increased, but note also that the reported effects by the upper grade levels have not changed, so it looks like we are getting less bang for the buck with the middle and later teens, because they are getting more exposure, but they are not reporting more impact.

Finally, I want to turn to the inhalants. Senator Campbell, you mentioned them, and this is one of the cases. Unfortunately, Figure 5 is missing thanks to Kinko's, but if you had it, and it is in my testimony, it would show that in 1995 and 1996, right after the anti-inhalant campaign was launched by the Partnership for a Drug-Free America, there was a sharp increase in the perceived dangers of inhalant use.

In chart six, which you can see, actual use of inhalant, which had been rising steadily for nearly two decades, began to turn around and has been declining since, has declined substantially, on the order of 30 to 45 percent, depending on which grade level you look at.

So in conclusion, I would say there is evidence that media campaigns can and do have deterrent effects, and there is also evidence, by the way, in other domains, in cigarettes and alcohol, where there have been changes that I think can be linked to media campaigns. So I hope here that we are careful not to throw out the baby with the bathwater.

#### PREPARED STATEMENT

Just because one preliminary report, dealing with a single drug out of many, covering a very short period of historical time—18 months, and focused on a particular implementation of a media strategy, which is what the ONDCP was doing at that particular point in history—and that changed, by the way, in that 18 months—just because that fails to find evidence of effects, I think, is not sufficient reason to give up on the entire enterprise. I have tried to show evidence that would lead to a quite different conclusion about both the need and desirability for having a vigorous and sustained Anti-Drug Media Campaign. Thank you, Mr. Chairman.

Senator DORGAN. Dr. Johnston, thank you very much.

[The statement follows:]

#### PREPARED STATEMENT OF LLOYD D. JOHNSTON, PH.D.

I appreciate the opportunity to present testimony before the Subcommittee. My name is Lloyd Johnston. I hold the titles of Distinguished Research Scientist and Program Director at the University of Michigan's Institute for Social Research, and my training is as a social psychologist. I have spent the majority of my career studying the substanceusing behaviors of American adolescents and young adults. Much of that time has been spent serving as the principal investigator of the ongoing Monitoring the Future study, which was launched in 1975 and has been funded under a series of competing research grants from the National Institute on Drug Abuse. Findings from the study are disseminated widely through national press conferences and press releases, three annual monographs, occasional books, journal articles, chapters, etc. I have also served on the National Commission for Drug-Free

Schools, the National Advisory Council on Drug Abuse, and various other national and international advisory bodies in the drug field.

#### THE MONITORING THE FUTURE STUDY

Monitoring the Future, from which I will be drawing most of the findings for this testimony, is based on large, nationally representative samples of students in eighth, tenth, and twelfth grades. At present some 45,000 students in roughly 425 secondary schools are surveyed each year and asked about their use of a wide array of licit and illicit substances, as well as related attitudes, beliefs, and experiences. Among the experiences about which they are asked is their exposure to anti-drug commercials on radio and television, which provides information relevant to the present hearings. Considerably more information about this study and its many publications may be found on its Web site, [www.monitoringthefuture.com](http://www.monitoringthefuture.com).

#### QUESTIONS ON THE MEDIA CAMPAIGN

The National Anti-Drug Media Campaign constitutes an expansion, and to some degree a redefinition, of the national media campaign initiated by the Partnership for a Drug-Free America (PDFA) in the latter half of the 1980s. When the original PDFA campaign was launched, my colleagues and I on the Monitoring the Future study decided to add a set of related questions to the ongoing surveys. Our interest was to determine the extent to which the campaign was reaching American young people, how they were reacting to it, and to what extent they saw the ads as credible. We were also interested in how these factors would change over time. To the best of my knowledge, these are the only such long-term data in existence and the only such data that predate the launching of the effort by ONDCP.

Questions were first placed in the questionnaires in 1987. At that time only twelfth grade students were being surveyed annually, but in 1991 younger students—eighth and tenth graders—were added to the annual surveys. The questions have been retained in the surveys in the years since, and much of what I will share here derives from them. They ask about the respondent's frequency of exposure to all anti-drug media spots, not just those contained in the national campaign; but, because the preponderance of such advertising has been contributed by the campaign, we take them as responses that apply directly to the campaign.

#### TRENDS IN ADOLESCENT DRUG USE

Let me first note the fundamental trends in the phenomena that the campaign is intended to influence—the use of illicit drugs by American young people. Figure 1 shows the trends in the use of marijuana by all three grade-levels (8, 10, and 12) for the years in which we have data on each, and Figure 2 does the same for the use of any illicit drug other than marijuana. (The “other illicit drugs” category encompasses quite a range of substances, from amphetamines and cocaine to LSD and heroin.)

Two things should be noted in these figures. The first and most important is that the levels of use of these substances have fluctuated widely over time. These are not immutable behaviors: they are subject to a range of social influences. The second is that, while drug use rose substantially during much of the 1990s, there has been a leveling in recent years and, among the eighth graders in particular, some relatively steady, gradual decline in use. In other words, there has been some recent progress among the younger teens, who have been the primary targets of the media campaign.

An additional point that derives from our data, but is not illustrated in the figures, is that no two drugs follow the same cross-time trajectory. Each has its own pattern of change, strongly suggesting that factors specific to each drug are responsible for changes in its use. Central among the controlling factors that we have been able to identify have been the level of risk that young people perceive to be attached to the use of each particular drug (perceived risk), and the degree to which they disapprove of its use (disapproval). Perceived risk has actually been a leading indicator of change in a number of cases, including for marijuana and cocaine. These two facts in combination suggest that young people respond to what they perceive to be the dangers of using particular substances as well as to peer norms about their use. I will return to illustrate this point toward the end of this testimony.

#### ADOLESCENTS' VIEWS OF THE AD CAMPAIGN

Across the years that we have had questions on anti-drug ads, we have been surprised at the high levels of recalled exposure young people report and also at the high degree of efficacy they attribute to the ads in influencing their own likelihood

of using drugs. Adolescents are not known for their willingness to admit that anyone is influencing them, which I thought put the bias in the direction of their underestimating the effects of the campaign.

Figure 3 illustrates that students' recalled exposure to anti-drug ads has been quite high for some years, though there have been important changes over time. The younger teens—the ones most heavily targeted in the campaigns—consistently report higher exposure than the older ones. All three grade-levels showed a steady decline in exposure during much of the 1990s, as pro bono media placement of the PDFA-produced ads declined. Between 1998 and 1999, however, there was a sharp jump in exposure, no doubt reflecting the effect of the Federal infusion of resources into the campaign in order to buy media time and space.

Note, however, that the reported exposure levels still have not reached what they were in the best years of the pro bono campaign. Whether that means that actual exposure levels are lower or that the ads are somehow less memorable, is not clear.

Figure 4 shows trends in the proportions of students who say that they think the ads have made them less likely to use drugs at least “a little” or have done so “a lot.” The majority of students at all three grade levels credit the anti-drug ads with having at least some deterrent influence on them, and substantial proportions credit the ad campaign with having a lot. That would seem to me to be every marketer's dream.

The younger the students, the higher the judged influence rating has been. At present, fully 40 percent of eighth graders say the ads to which they have been exposed have had a lot of influence in making them less likely to use drugs. How would I reconcile this with the negative findings from the recent evaluation of the campaign? Certainly one possibility is that the students are responding in relation to their possible use of all illicit drugs (which is what the question asks about) and not just about marijuana use, which was the subject of the evaluation. Another is that they are talking about the cumulative impact on them over a longer period of time than that encompassed in the evaluation.

One puzzling finding is that, although judged impact declined along with recalled exposure in the earlier part of the 1990s, judged impact has not risen much with the increase in exposure in the late 1990s, as would be expected. The primary exception has been among the eighth graders. They have shown a steady increase in judged impact and, perhaps not coincidentally, are the ones showing a decline in drug use in recent years. In fact, their increase in judged impact of the ads actually began prior to the sharp increase in recalled exposure in 1999, when the Federally funded campaign really got underway. It may be that qualitative changes in the ads, and/or emphasis on different drugs (including inhalants), started to get through to the younger teens even before there was an increase in exposure.

In sum, there is considerable evidence consistent with the notion that the ad campaign(s) have had influence on the drug-using behaviors of American adolescents over the years. Every year's respondents have had considerable proportions judging the ads to be effective with them. And in recent years drug use has declined most among the eighth graders, who are also the ones reporting the highest levels of ad exposure and who judge the impact on their own behavior to have been greatest. But there is also some indication that the more recent ads have somehow had less salience than those used in the earlier campaigns, because among the tenth and twelfth graders, at least, judged impact has not risen very much even though their rate of recalled exposure has.

What might account for such a shift is difficult to identify, and there may be as many hypotheses as there are commentators. My own hypothesis for some time has been that placing the name Office of Drug Control Policy as a tag line at the end of each ad causes many young people to dismiss the message content immediately upon viewing. After all, the credibility of the message is judged in large part by the identity of the message giver, and an “office” involved in “control” and “policy” is not likely to be a source from whom adolescents would welcome a communication. I also have not been convinced that the strategy of branding the campaign with “the anti-drug” has been a good idea. I suspect that it may be seen by young people as too slick, but surely some focus groups could be used to examine that hypothesis.

#### THE CASE FOR INHALANTS

I would like to close my comments by referring to what may be the most persuasive evidence of the capacity of an anti-drug ad campaign to influence youth behavior. It relates to the notion that each of the many drugs has specific influences that affect its level of use. In the mid-1990s Monitoring the Future drew the attention of the PDFA to the fact that inhalant use, which is used mostly among younger teens, had been rising gradually but steadily for nearly 20 years, as of 1994 or 1995.

(Inhalants are solvents, aerosols, and gases that can be inhaled for the purpose of getting high.) PDFA undertook an anti-inhalant campaign in 1995 aimed at teens, and in 1996 we saw a sharp increase in the perceptions of risk associated with using these drugs—an increase that has continued in the years since (see Figure 5).

Since 1995, there has been a fairly steady and quite substantial decline in inhalant use that is continuing today. Proof positive of an impact of the media campaign? No, but we almost never have proof positive. The fact that the decrease in the use of the other drugs generally did not occur for another one to 2 years strongly suggests that something was going on specifically related to inhalants. And the one thing that we know occurred that year was the introduction of the ad campaign, which emphasized the dangers of inhalant use, of which, by the way, I think many young people were relatively unaware. Their perception of risk went up and use started down.

Inhalants may have been an ideal case for public service advertising to be effective, since the dangers of the drug were not yet well known up to that point. A parallel case might be made at the present time for ecstasy (MDMA), the use of which has grown sharply in recent years, as our study has documented. And, unfortunately, there will always be new drugs coming onto the scene, like ecstasy, with false promise and little yet known about their risks. Ad campaigns have particular potential for dealing with them; and, unfortunately, we do not have all that many alternatives in our armamentarium for dealing quickly and effectively with such threats.

#### CONCLUSIONS

So, I hope that we are careful not to throw the baby out with the bath water here. Just because one preliminary report, dealing with a single drug out of many, over just a very short period in history, and focused on a particular implementation of the media strategy, fails to find evidence of effects is not sufficient reason to give up on the entire enterprise. I have tried to show evidence that would lead to a quite different conclusion. Each new generation of American young people needs to be taught anew just why it is that they should stay away from the many illegal drugs available to them. That is because with generational replacement comes what I call “generational forgetting.” If young people were born too late to learn the lessons learned by their predecessors when the ravages of particular drugs became widely known, then they are poised to repeat their mistakes as a result of their own naivete. The country needs to institutionalize mechanisms for passing on such knowledge persuasively, and there are not a lot of options available to us for doing that. So we discard any of them at our peril. An antidrug advertising campaign is one of those few such mechanisms. Good prevention curricula in the schools constitute another, and engendering motivated and informed parents is the third. (The third is largely accomplished through media campaigns, incidentally.)

There is too much at stake. While American young people now have considerably lower rates of illicit drug use than they did in earlier periods of this 35-year epidemic, they still become involved with illicit drugs at a rate higher than just about any other country in the world. That means that the problem remains to be contained, as well as to be prevented in future generations.

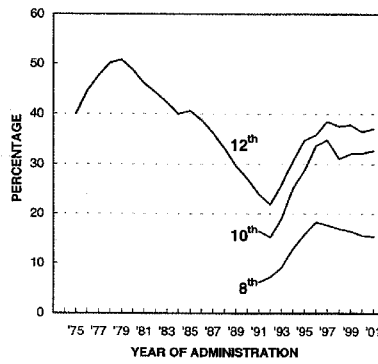
#### SELECTED REFERENCES

Johnston, L. D., O'Malley, P. M., & Bachman, J. G. (2002). *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2001*. (NIH Publication No. 02-5015). Bethesda, MD: National Institute on Drug Abuse, 57 pp.

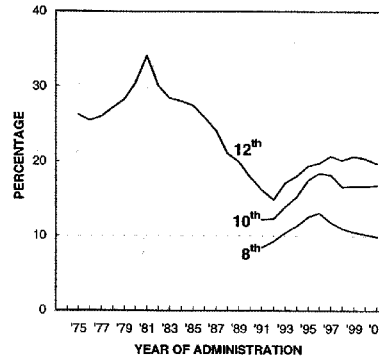
Johnston, L.D., O'Malley, P.M., & Bachman, J.G. (2001). *Monitoring the Future national survey results on drug use, 1975-2000. Volume I: Secondary school students*. (NIH Publication No. 01-4924). Bethesda, MD: National Institute on Drug Abuse, 492 pp.

**Figure 1**

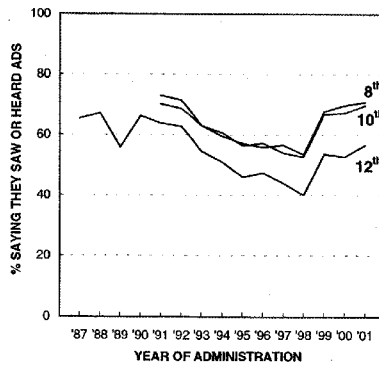
Trends in Annual Prevalence of Marijuana<sup>1</sup>  
At Three Grade Levels

**Figure 2**

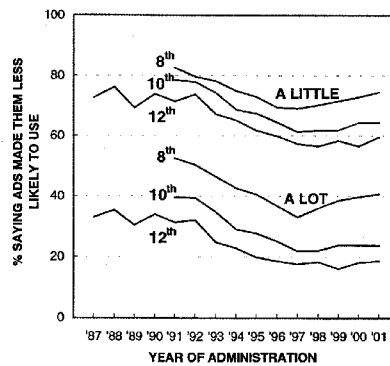
Trends in Annual Prevalence of Any Illicit Drug  
Other Than Marijuana<sup>1</sup>  
At Three Grade Levels

**Figure 3**

Trends in Weekly Exposure to Anti-Drug  
Commercials on TV or Radio  
At Three Grade Levels

**Figure 4**

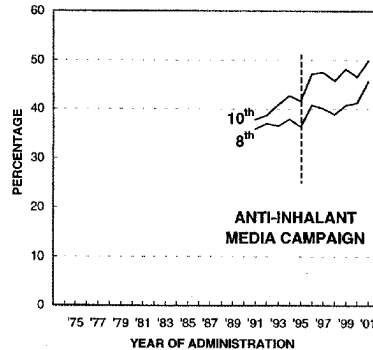
Trends in Percent Saying That the Ads Made  
Them Less Likely to Use  
At Three Grade Levels



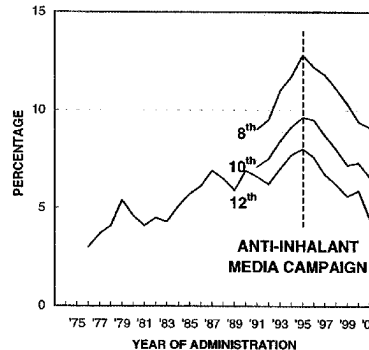
<sup>1</sup>Annual prevalence is defined as the percent using the drug one or more times during the prior twelve months.  
Source: The Monitoring the Future Study, the University of Michigan.

**Figure 5**

Trends in Perceived Risk of Trying Inhalants  
At Two Grade Levels

**Figure 6**

Trends in Annual Prevalence of Inhalants<sup>1</sup>  
At Three Grade Levels



<sup>1</sup>Annual prevalence is defined as the percent using the drug one or more times during the prior twelve months.  
Source: The Monitoring the Future Study, the University of Michigan.

Senator DORGAN. Next, we will hear, finally, from Dr. Hornik. He is the Wilbur Schramm Professor of Communication at the Annenberg School for Communication at the University of Pennsylvania. Dr. Hornik, why do you not proceed.

**STATEMENT OF ROBERT C. HORNIK, Ph.D., WILBUR SCHRAMM PROFESSOR OF COMMUNICATION, ANNENBERG SCHOOL FOR COMMUNICATION, UNIVERSITY OF PENNSYLVANIA**

**ACCOMPANIED BY DAVID MAKLAN, VICE PRESIDENT AND STUDY AREA DIRECTOR, WESTAT**

Mr. HORNIK. Thank you, Chairman Dorgan and Senator Campbell. My name is Robert Hornik. Dr. David Maklan, who is to my left and from Westat, and I serve as co-principal investigators on the evaluation study. Dr. Maklan, along with Project Director Diane Cadell, has overall responsibility for contractor performance while I have lead responsibility for study design and analysis.

In our current report, we address three major questions. Has the campaign reached its audience? Has the campaign addressing the parents been effective? And has the campaign addressing youth been effective? I will highlight results in our fourth semi-annual report, which was submitted to Congress in May. The results we discuss today are based on four national surveys of parents and youth, a total of about 10,000 interviews with youth and about 8,000 with parents.

First, has the campaign reached its audience? You all have summarized this. The answer is, briefly, yes. The campaign has used the money provided to it by Congress to buy substantial amounts of advertising time and the population of youth and parents report seeing those ads once a week or more. Most of them recall the campaign's brand phrase identifying that. So on those grounds, and Dr.

Johnston's results are similar, there is good recognition, good recall of the ads.

So the next question, what were the campaign's effects on parents? The parent campaign seeks to reduce youth drug use by encouraging parents to engage with their children. Earlier, this included encouraging parents to talk with their children about drugs and do fun activities with them. More recently, the campaign has focused on parent monitoring of children, making sure that parents know where their children are, knowing what their children's plans are for the coming day, and making sure their children are around adults.

Here are the basic results. There is evidence for positive change between 2000 and 2001 in most of the parent talking and monitoring outcomes. Second, those most exposed to the ads have better scores in the outcomes and we found that those outcomes, those effects, were particularly consistent for fathers rather than for all parents.

However, we did not find evidence that parents who were most exposed had children less likely to use marijuana yet. It does not mean it will not happen later, but thus far, we have not seen that. And also, we did not find evidence that parents' early exposure to the campaign predicted subsequent improvement in these parent outcomes. We would have liked to find that.

But in summary, we have some evidence consistent with an effect of the campaign on the parent outcomes. While it is not as definitive as it could be, as an interim result, 2 years into the campaign, and while we continue to collect data, this is favorable evidence about the parent effects.

So, then, what were the campaign's effects on youth? In contrast to the parent results to date, as you have all said, there was little or no evidence that the campaign has convinced youth to avoid marijuana use or to change their ideas about marijuana, and again, we are focusing on the campaign funded by Congress. We have seen no reduction in youth marijuana use since the first wave of data collection in the first half of 2000. Also, of course, Lloyd Johnston was showing these data, the monitoring in the future study with its longer time trend has not reported any major change in youth marijuana use since 1998 and the start of the campaign, although we can discuss that later.

In addition to youth use of marijuana, we also measured youth ideas about drugs, the ideas that might predict subsequent initiation of use, or that are known to predict subsequent initiation of use. These included intention to begin marijuana use, marijuana beliefs and attitudes, social norm perceptions about parents and peers, and their confidence in saying no to marijuana. There was no overall favorable trend in any of these ideas about marijuana for youth. In addition, youth with more and less exposure to the campaign had pretty much the same ideas about marijuana.

Finally, we also studied closely the 1,800 youth who had never used marijuana when we first interviewed them in the first half of 2000. We interviewed them again 18 months later. The findings from these youth were unanticipated. On some of the measures and for some subgroups, there was evidence that early exposure to the campaign predicted more pro-marijuana beliefs at the second inter-

view. It also predicted more likelihood of initiation of marijuana use, but again, just for some subgroups.

Girls with the highest campaign exposure at the start were more likely to initiate marijuana use than less-exposed girls, but this unfavorable effect was not seen for boys. The unfavorable association over time was also found for the youngest respondents and for the respondents who were at lowest risk for initiation.

So what are our conclusions thus far? First, the campaign was successful in getting exposure to its ads. It may have influenced parents to engage more with their children, but it has not affected youth positively thus far. There is some evidence of unfavorable delayed effects on youth.

What I have just presented in summary form is what we know so far. However, these results are best understood in the context of some background information. First, we view the evidence of unfavorable effects on youth to be interim results. Thus far, we are reporting on the 40 percent of the national sample of youth. The next semi-annual report will include the rest of the youth. The results then may be different.

Second, these interim negative results are surprising given the history of research on public communication campaigns. There is no other published evidence that shows a negative effect like this on a large-scale campaign, although there is evidence on campaigns that were ineffective. Also, other published evidence about one anti-marijuana campaign and particularly about campaigns addressing other substance use, particularly tobacco, notably those in California, Florida, and Massachusetts, have reported favorable results for national campaigns, or for media campaigns.

Third, these results cannot be seen as representative of all possible campaigns to justify a conclusion that communication campaigns do not work. No advertiser, having seen that a particular series of commercials failed to affect sales of a product, would swear off advertising. They would go back and try to develop a revised set of advertisements or a broader marketing program that would improve sales.

#### PREPARED STATEMENTS

We appreciate the opportunity to present these results. They capture some of the highlights of our several-hundred-page report reflecting the contributions of our colleagues at Westat and at the Annenberg School for Communication at the University of Pennsylvania, under contract with the National Institute on Drug Abuse. Dr. Maklan and I will be pleased to answer any questions you might have about the evaluation.

[The statements follow:]

#### PREPARED STATEMENT OF ROBERT HORNİK, PH.D.

Chairman Dorgan, Senator Campbell, and distinguished members of the Committee.

My name is Robert Hornik, I am Professor of Communication and Health Policy at the Annenberg School for Communication at the University of Pennsylvania. Dr. David Maklan and I serve as Co-Principal Investigators for the evaluation study. Dr. Maklan, Westat Vice President and Study Area Director, has overall responsibility for contractor performance with particular focus on study operation, along with Project Director Diane Cadell, while I have lead responsibility for study design and analysis.



In our current report we address three major questions:

- Has this National Youth Anti—drug Media Campaign reached its audience?
- Has the youth Campaign been effective?
- Has the parent Campaign been effective?

In my presentation I will highlight the answers we have to each of these questions at this point after 2 years of the evaluation of this phase of the Campaign. These are results presented in substantial detail in our Fourth Semi-Annual Report of Findings submitted to Congress in May. <http://www.nida.nih.gov/despr/westat/index.html>

The results we discuss today are based on four national surveys of parents and youth. We have completed four waves of data collection, each approximately 6 months long, starting at the end of 1999; the first three were enrolling new sample, a total of about 8,000 youth and 6,000 of their parents. The 4th wave, from June 2001 through December 2001 was the first follow-up wave, where we re-interviewed the same youth and parents originally interviewed in the first half of 2000. It included around 2000 youth 12–18 and 1500 of their parents who had been originally interviewed in the first half of 2000. The 5th wave, will be completed this month and will include follow-up interviews with all the remaining youth and parents, those originally interviewed between July 2000 and June 2001. In addition we make use of advertising time purchase data provided by the Campaign.

#### HAS THE CAMPAIGN REACHED ITS AUDIENCE

The Campaign has reported that it has purchased enough advertising time to reach the average youth 2.5 times per week and the average adult 2.2 times per week with its targeted advertising on television, radio, print, billboards and other channels from September 1999 through December 2001. Additional exposure to Campaign-linked advertising may come from free matching time provided by media companies, or from the fact that youth may see parent-targeted ads and vice-versa.

Television and radio make up about 80 percent of the advertising exposure purchased for youth and 60 percent of the advertising exposure purchased for adults.

There has been a good deal of shifting across the waves in what the ads have emphasized. For youth, the “normative education/positive consequences” platform received attention across all four waves (between 40–70 percent of all advertising). The “resistance skills” platform received some play only in the first half of 2000 (33 percent) and the first half of 2001 (47 percent), while the “negative consequences” platform received smaller amount of play in the first 1.5 years of Phase III of ONDCP’s campaign, but 60 percent of the purchases in the last half of 2001. For parents, messages about parenting skills and personal efficacy received a large share of ad purchases across all waves, while “Your child at risk” platform got substantial play only in the first half of 2001, and the “perceptions of harm” platform only in the first half of 2000.

What do these purchases translate into? Does the audience see and remember the ads? Yes, we think that they are noticed by the Campaign audiences.

About 70 percent of both youth and parents report that they recall seeing or hearing at least one ad per week

Television advertising is the best recalled of the channels on which the Campaign has sent out its anti-drug messages: just less than half of all youths recall seeing one TV ad each week. A little more than one-fourth of all parents recall seeing an ONDCP Campaign TV ad each week. TV advertising has been purchased less for parents than for youth.

For both youth and parents the recall of TV advertising had increased notably in the last half of 2001, even though the events of 9/11 forced a reduction in advertising purchases during part of that period

These estimates are all averages of course. There are some periods when advertising purchases are higher and times when it is lower and recall of advertising varies as well. Also, some youth or parents recall lots of exposure to advertising and others recall very little.

Clear evidence that these messages are being heard come from parent and youth recall of what the Campaign calls their “brand phrases”. The Campaign has chosen related brands phrases for both the youth and the parent campaigns. For the youth they focused on “my anti-drug”, e.g. “soccer: my anti-drug” For parents they focused on “the anti-drug”, e.g. “communication: the anti-drug.”

The branding effort has clearly taken hold. About three-quarters of all youth and three-fifths of parents recognized their respective brand phrases.

Youth are more likely to recognize the “My anti-drug” brand than they are to recognize ringer phrases, and for both youth and parents rates of Campaign exposure

are closely related to recognition of the brand phrase. The branding results were stronger in the last half of 2001 than they were in the first half of the year.

There continues to be a high level of reported exposure to drug related information from other sources for both parents and youth. For youth, such other sources include exposure in school (but rarely in out-of-school programs) and through media stories. For parents, other sources of drug related information includes a moderate level of attendance at parenting and anti-drug meetings, and heavy exposure to mass media stories. However there is no evidence for increases in exposure through any of these sources if information in the context of the continuation of the Campaign.

However, this substantial level of contact with drug-related information aside from the efforts of the Campaign does create a context in which to understand the Campaign's efforts. Both youth and parents are exposed to drug-related information from many sources. The incremental exposure produced by Campaign efforts may not loom so large as it would in an area where there was less background noise about an issue.

To summarize the answer to the first question, the Campaign has used the money provided to it by Congress to buy a substantial amount of advertising time, and the population of youth and parents report seeing those ads with some frequency. They recall the brand. That is a good first basis for evaluating the Campaign. Next, we address evidence for effects of the Campaign on parents and on youth? We begin with parents' results.

#### WHAT WERE THE CAMPAIGN'S EFFECTS ON PARENTS

The parent campaign seeks to reduce youth drug use by encouraging parents to engage with their children. Earlier in the Campaign this included encouraging parents to talk with their children about drugs and do fun activities with them; more recently the Campaign has focused on parent monitoring of children: making sure that parents know where their children are, knowing what their children's plans for the coming day are, and making sure their children are around adults.

The evaluation of the parent campaign focuses on its success in affecting these outcomes: whether parents monitor their children, talk with them about drugs, and do fun activities with them. In addition to these behaviors, we also measure what parents think about monitoring their children and talking with them. Do they think such behavior is a good idea or not?

In addition, recognizing that youth behavior is the ultimate outcome, we have also begun to examine whether parent exposure to the Campaign might affect youth behavior.

We have three criteria we use to make a claim of Campaign effects on a particular outcome.

- We want to see whether the outcome is changing over time in the desirable direction. for example, are parents doing more monitoring in 2001 than they did in 2000?
- Second, we want to know whether people who are more exposed to Campaign advertising were more likely to follow the Campaign advice, for example, whether parents who reported exposure to many ads were more likely to monitor their children than were parents exposed to only a few ads.
- Third, we want to know about delayed effects. That is, for example, did parents who reported exposure to many ads at the start of 2000 have better improvement in monitoring behavior by the last half of 2001 than did parents with little exposure?

The results on the first two of these three criteria are consistent with a positive Campaign effect as shown in Table 1.

- There is evidence for a positive trend in four of five outcomes;
- There is evidence for a same time association with exposure for all outcomes on at least one of our measures of exposure and at least for some important subgroups of the population.
- These two forms of evidence consistent with effects are particularly strong for fathers.
- However, we did not find evidence that parents' exposure to the Campaign was associated with less youth marijuana use.
- Also, we did not find evidence that parents' exposure to the Campaign at the start of 2000 predicted subsequent change through 2001 in parent outcomes.

TABLE 1.—SUMMARY OF CROSS-SECTIONAL TREND AND ASSOCIATION RESULTS FOR PARENTS

Index	Parents of 12- to 18-year-olds		
	Trend		Same time association of exposure with outcome
	2000	2001	
Talking behavior (0–3) .....	2.26	<sup>1</sup> 2.36	( <sup>4</sup> )
Pro-Talking beliefs <sup>2</sup> .....	96.80	<sup>1</sup> 102.90	( <sup>4</sup> )
Monitoring behavior (0–3) .....	1.41	<sup>1</sup> 1.46	Yes for Fathers, parents of male youth
Pro-Monitoring beliefs <sup>2</sup> .....	87.10	<sup>1</sup> 92.70	Yes for Fathers, parents with college education
Doing fun activities .....	<sup>4</sup> 63.5	<sup>4</sup> 62.7	( <sup>4</sup> )
Youth marijuana use in the previous year .....	<sup>4</sup> 15.8	<sup>4</sup> 15.5	Parents of higher risk and White youth (unfavorable)

<sup>1</sup> Significant difference between 2000 and 2001 at p<.05.

<sup>2</sup> Scale has an overall mean of 100 and standard deviation of 100.

<sup>3</sup> Yes: Significant monotonic association at P<0.05.

<sup>4</sup> Percent.

In summary, we have some evidence consistent with an effect of the Campaign on parent outcomes. We would have been able to make a stronger claim about these effects if we were also able to show that exposure predicted change in outcomes and if we were able to show a favorable effect on youth behavior. Still, as an interim result, 2 years into the Campaign, and while we continue to collect data, this is favorable evidence.

#### WHAT WERE THE CAMPAIGN'S EFFECTS ON YOUTH

In contrast to the parent results, to date there is little or no favorable evidence to report. We reported that youth were exposed to the Campaign and recognized its brand. That is as far as the positive evidence goes. Thus far we have little or no evidence that the Campaign has convinced youth to avoid marijuana use or to change their ideas about marijuana.

Table 2 shows that we have seen no reduction in youth marijuana use since the first wave of NSPY data collection in the first half of 2000. Also, the Monitoring the Future Study (MTF), with its long time trend, has reported no change in youth marijuana use since 1998. Data for 1999 and 2000 from the National Household Survey on Drug Abuse (NHSDA) also indicates that there has been no change in youth marijuana use. Thus, if there might have been a concern that the trend data from our NSPY survey missed changes that occurred in the first year of the Campaign both the MTF and NHSDA data makes it clear that this is unlikely.

TABLE 2.—ANNUAL USE OF MARIJUANA BY AGE: NSPY REPORTS

Age group	Wave 1 1/99 to 6/00 (percent)	Wave 2 7/00 to 12/00 (percent)	Wave 3 1/01 to 6/01 (percent)	Wave 4 6/01–12/01 (percent)
12 to 13 .....	3.3	3.2	2.0	3.2
14 to 15 .....	11.2	11.5	14.4	13.1
16 to 18 .....	28.9	29.3	27.6	26.1
12 to 18 .....	15.9	15.8	15.6	15.3

Note: No statistically significant changes across waves.

NSPY also examined rates of change in three other measures of marijuana use—ever use, regular use (almost every month), and use in the previous 30 days. For all ages and for all of those measures, use was unchanging between 2000 and 2001, with two exceptions. Reports of regular use and last 30 days use, while still rare, were significantly increasing among youth who were 14- to 15-years-old. Reports of past month use increased from 3.6 percent to 7.2 percent, and regular use (defined as use every month or almost every month) increased from 2.2 percent to 5.4 percent.

In addition to youth use of marijuana we also measured ideas about drugs that youth hold that predict subsequent initiation of use. These included:

- intention to begin marijuana use in the next year;
- beliefs and attitudes about marijuana use;
- social norm beliefs—the perception that parents or friends expect one not to use marijuana; and
- self-efficacy—the confidence one feels in saying no to marijuana if offered.

TABLE 3.—SUMMARY OF TRENDS AND SAME TIME ASSOCIATIONS AMONG NON-USING YOUTH

Outcome measure	12–13 year olds			14–18 year olds		
	Trend		Same time association of exposure and outcome	Trend		Same time association of exposure and outcome
	2000	2001		2000	2001	
Percent definitely not intending to try marijuana .....						
Belief/Attitude Index <sup>3</sup> .....	92	91	( <sup>1</sup> )	85	84	( <sup>1</sup> )
Social Norms Index <sup>3</sup> .....	129	<sup>2</sup> 122	( <sup>1</sup> )	97	93	( <sup>1</sup> )
Self-Efficacy Index <sup>3</sup> .....	137	<sup>2</sup> 130	( <sup>1</sup> )	91	85	( <sup>1</sup> )
	101	101	( <sup>1</sup> )	103	110	( <sup>1</sup> )

<sup>1</sup> No.<sup>2</sup> Difference between years significant at  $p < .05$ .<sup>3</sup> Scale has an overall mean of 100 and standard deviation of 100.

As with the marijuana use trends, there was no overall favorable trend in any of these ideas about drugs for youth. As shown in Table 3, current non-users of marijuana were mostly not planning to use marijuana in the next year, and they held ideas that were opposed to marijuana use. But the proportion who held pro drug beliefs and intentions was not changing for the better. Indeed there was some evidence that trends on two of these outcomes were moving in the wrong direction. There were significant trends toward expressing more pro-drug attitudes/beliefs and social norms for 12–13 year olds, and for social norms for 12–18 year olds.

Thus, in general, observed trends over time are not consistent with a positive campaign effect.

In addition, when we compared youth who reported lots of exposure to the campaign with youth who reported little exposure to the campaign, there was no difference between them on their levels on any of these four outcomes presented in Table 3, when both exposure and outcome were measured at the same time. The cross-sectional association data was consistent with no effect of the Campaign—neither favorable nor unfavorable.

We then turned to the third type of evidence. We took the sample of youth whom we had interviewed in the first half of 2000, and looked only at those who said they had never used marijuana at baseline, and were between 12–18 when we interviewed them again during the last half of 2001, 18 months later. We again compared those who reported more exposure and less exposure to the Campaign when we first interviewed them. We tested to see whether their exposure to the Campaign predicted what their beliefs would be 18 months later, and particularly whether their exposure to the Campaign would predict whether or not they would initiate drug use in the subsequent 18 months.

The findings were unanticipated; on some of the measures, and for some subgroups, there was evidence that early exposure to the Campaign predicted more pro-drug beliefs at the second interview, and more likelihood of initiation of marijuana use.

Table 4 presents some of the findings for subgroups of youth in the NSPY survey. Unfavorable results were found for intentions to use marijuana for youth who were 12–13 at the time of second interview, and for the social norms measure for all youth who were 12–18 at the time of second interview.

TABLE 4.—SPECIFIC EXPOSURE PER WEEK AT WAVE 1 AND INITIATION OF MARIJUANA USE BY WAVE 4 AMONG NONUSERS OF MARIJUANA AT WAVE 1

Outcome (average)	<1 exposure	1 to 3 exposures	4 + exposures	Spearman rho <sup>1</sup>	Significance <sup>2</sup>
All 12–18 year olds .....	10.4	14.4	16.3	.07	( <sup>3</sup> )
12- to 18-year-old males .....	15.9	16.0	11.4	–.05	( <sup>3</sup> )
12- to 18-year-old females .....	3.7	12.9	21.6	.22	$P < .01$
12- to 18-year-old Whites .....	11.0	16.4	18.8	.09	( <sup>3</sup> )
12 to 13 year olds .....	1.2	5.8	5.2	.09	$P = .04$
14 to 18 year olds .....	15.7	18.2	21.9	.07	( <sup>3</sup> )
Higher risk youth .....	35.8	39.4	37.0	–.00	( <sup>3</sup> )
Lower risk youth .....	5.4	9.6	11.8	.09	$P = .02$

<sup>1</sup> Spearman rho is an estimate of the association of two ordered variables and varies between –1 and +1.<sup>2</sup> The significance is based on the Jonkhre-Terpstra test for monotonic association. NS denotes not significant at the 5 percent significance level.<sup>3</sup> NS.

Girls with the highest Campaign exposure at the start were more likely to initiate marijuana use than less exposed girls. This unfavorable effect was not seen for boys. The unfavorable association was also found for the youngest respondents and for the respondents who were at lowest risk for initiation.

#### CONCLUSIONS

The Campaign was successful in getting exposure to its advertisements, it may have influenced parents to engage more with their children, but has not affected youth positively, thus far. There is some evidence of unfavorable delayed effects on youth.

What I have just presented in summary form is what we know so far. However it is probably worthwhile to put some additional contextual information around these results.

First, we view the evidence of unfavorable effects on some youth to be interim results. Thus far we are reporting on the 40 percent of the total sample of youth interviewed in Round 1 of NSPY and, therefore, only include the delayed effects results for youth exposure to the Campaign during the first 6 months of 2000. The next report will include youth whose exposure to the Campaign was first measured between July 2000 and June 2001. The results may be different then. They may be different because the Campaign may have been more successful during that later period. The results may also be different because we will have a sample of youth more than twice as large to examine, and that will increase our ability to describe effects precisely. The results presented in considerable detail in the Evaluation's Fourth Semi-Annual Report of Findings, and very briefly summarized here, are interim. We will know much more by the time we are ready to present the Evaluation's next report approximately 6 months from now. This is the fourth of what is a planned seven semi-annual reports, only a little more than halfway through the scheduled evaluation period.

Second, these interim negative results are surprising given the history of research on such public communication campaigns. There had been one field experiment undertaken previously and that showed evidence that ad exposure reduced marijuana use (Palmgreen et al 2002.) There also have been attempts to influence other substance use by youth. The best evidence comes from anti-tobacco campaigns, and the evidence from those campaigns is generally positive, including state campaigns in California, Florida and Massachusetts. There is no other published evidence that we know about that shows a negative effect like this of a large-scale campaign, although there is evidence of campaigns that were ineffective.

In thinking about these results, one ought not see them as representative of all possible campaigns, and then conclude that communication campaigns don't work. No advertiser, having seen that a particular series of commercials failed to affect sales of a product, would swear off advertising. They would go back and try to develop a revised set of advertisements, or a broader marketing program, that would improve sales. Only after a series of such efforts, none of which paid off, would they be ready to conclude that the communication approach, rather than the particular campaign that was mounted, was ineffective.

We appreciate the opportunity to present these results. They capture some of the highlights of our several hundred page report reflecting the contributions of my colleagues at Westat and at the Annenberg School for Communication at the University of Pennsylvania. Dr. Maklan and I would be pleased to answer any questions you might have about the Evaluation.

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#### PREPARED STATEMENT OF DAVID M. MAKLAN, PH.D.

Chairman Dorgan, Senator Campbell, and distinguished members of the Subcommittee. My name is David Maklan and I am a Vice President at Westat, the social science research organization selected by the National Institute on Drug Abuse (NIDA) to undertake the evaluation of Phase III of ONDCP's National Youth Anti-Drug Media Campaign. Westat is supported in this effort by our subcontractor, the University of Pennsylvania's Annenberg School for Communication.

Dr. Robert Hornik and I serve as Co-Principal Investigators for the evaluation study. Dr. Hornik has lead responsibility for study design and analysis. I have overall responsibility for contractor performance with particular focus on study operations. Together with the Study's Project Director, Ms. Diane Cadell, we implement the evaluation study.

## GOAL OF THE NATIONAL YOUTH ANTI-DRUG MEDIA CAMPAIGN STRATEGY

The number one goal of The National Drug Control Strategy is to “Educate and enable America’s youth to reject illegal drugs as well as alcohol and tobacco.” Objectives in support of that goal include “Pursue a vigorous advertising and public communications program dealing with the dangers of drug, alcohol, and tobacco use by youth.” The President’s drug control budget for fiscal year 1998 included proposed funding for a media campaign, which received bipartisan support in Congress. Under the Treasury-Postal Appropriations Act, 1998, the House and Senate approved funding (Public Law 105–61) for “a national media campaign to reduce and prevent drug use among young Americans.”

The Media Campaign has three primary goals:

- Educate and enable America’s youth to reject illegal drugs;
- Prevent youth from initiating use of drugs, especially marijuana and inhalants; and
- Convince occasional users of these and other drugs to stop using drugs.

The Campaign translated these goals into a variety of efforts to reach the following target audiences with its messages: youth aged 9–18 and their parents.

ONDCP initiated the Media Campaign in three phases each with its own evaluation component:

Phase I was a 26-week pilot test that was conducted in the first half of 1998 in 12 metropolitan areas across the country. To expedite implementation, television, radio, newspaper, and outdoor advertisements that had already been produced by the Partnership for a Drug-Free America (PDFA) were used. The Phase I Evaluation involved an experiment where 12 media market areas received paid anti-drug advertising and 12 additional markets did not. School-based surveys of youth were conducted near the beginning and the end of the 26-week Media Campaign period. There was also a telephone survey of parents as well as focus groups and interviews with relevant community members.

Phase II, which was conducted from July 1998 until July 1999, released the Media Campaign to a national audience. New and existing advertisements were presented through television, radio, newspapers, magazines, schoolbook covers, movie theatres, and the Internet. The Phase II Evaluation involved national baseline and follow-up surveys of youth through their schools and of parents through a completely separate random telephone surveys. It also involved focus groups and site visits in 12 metropolitan areas.<sup>1</sup>

Phase III, initiated in September 1999, marks the full implementation of the Media Campaign. Phase III disseminates new advertising following the communications strategy developed by drug abuse, prevention, and communication experts. In addition to the advertising, Phase III includes a full range of media, and partnerships with the media, entertainment and sports industries, as well as civic, professional, and community groups.

## GOALS OF THE NATIONAL YOUTH ANTI-DRUG MEDIA CAMPAIGN (NYAMC) EVALUATION STUDY

It is the task of the Westat/Annenberg Evaluation Study to determine how successful Phase III of the Media Campaign is in achieving its goals—to educate and enable America’s youth to reject illegal drugs; prevent youth from initiating use of drugs, especially marijuana; and convince occasional users of these and other drug to stop their use.

While there are hundreds of questions that the Evaluation can and will attempt to answer, there is one overarching question—to decide whether observed changes in drug use or drug attitudes can be attributed specifically to the National Youth Anti-Drug Media Campaign. Operationally, this global question can be decomposed into three sub-questions:

- Is the Media Campaign getting its messages to the target populations?
- Are the desired outcomes going in the right direction?
- Is the Media Campaign influencing changes in the outcomes?

A second objective of the Evaluation is to provide data to the Campaign that can support ongoing decision-making.

## DESIGN OF THE NATIONAL YOUTH ANTI-DRUG MEDIA CAMPAIGN EVALUATION STUDY

When designing an evaluation study, it is reasonable to ask whether existing data collection systems can be used to provide the information needed to evaluate the ef-

<sup>1</sup> Reports on the Phase I and Phase II Evaluations are available from ONDCP’s clearinghouse and web site.

fectiveness of the program being scrutinized. The Westat/Annenberg evaluation team believed from the start that data from two existing systems were crucial to measuring prevalence of substance use. These systems are the National Household Survey on Drug Abuse (NHSDA) sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Monitoring the Future Study (MTF) sponsored by the National Institute on Drug Abuse (NIDA).

However, the Media Campaign is only one piece in the National Drug Control Strategy. Any change in drug prevalence rates among youth is likely to be a function of multiple causes besides the campaign. These include other Federal Government activities such as interdiction and crop eradication efforts; local government activities such as changes in local enforcement and judicial practices; changes in the number and effectiveness of school-based drug education programs; changes in the price of drugs; as well as a myriad of other forces. Some researchers have argued that there are epidemics in substance abuse that follow their own natural patterns of ebb and flow. Therefore, simply tracking usage rates is insufficient to identify the forces behind change. In order to be able to make reasonable claims that the ONDCP Media Campaign was responsible for change, the Evaluation is designed to go well beyond analysis of trends from existing data.

The possibility of multiple causes for any change in drug abuse rates led to the development of a new national survey, named the National Survey of Parents and Youth (NSPY). In addition to collecting information on drug use data, this survey emphasizes measurement of drug attitudes and intentions, exposure to anti-drug messages in general and to ONDCP Media Campaign messages in particular, as well as many peer and family and other risk factors. The NSPY survey is not meant as a replacement for existing survey systems. To the contrary, the two existing systems, NHSDA and MTF, provide the primary measurements of change in drug use rates. While NSPY will also track change from 2000 through 2003, its principal purpose is to monitor the success of the Media Campaign in first reaching its target audiences and then convincing viewers to adopt desired attitudes, intentions, and behaviors.

The circumstances of Phase III of the Media Campaign present serious challenges to the design of its evaluation. First, it was not possible to use an experimental approach to evaluate the Campaign. Experimentation would require conducting the Campaign in a random sample of media markets. This approach was ruled out on at least two grounds: (1) excluding coverage of selected media markets was antithetical to the Campaign's goal of reaching out to ALL youth across America to help them avoid drug problems; and (2) Phase II of the Campaign was national in coverage and was already in full swing for a year prior to the start of Phase III, which is the focus of the Westat/Annenberg evaluation. Hence, it was at least theoretically possible that no youth remained unexposed to the Campaign when Phase III commenced. Therefore, the general case-control evaluation approach adopted for Phase I was infeasible.

Instead of using experimentation to control variation in exposure to the ONDCP Media Campaign, the Phase III Evaluation tries to evaluate the Campaign by studying natural variation in exposure to the Campaign and how this variation appears to correlate with phenomena predicted by the theoretical model for the campaign. This means comparing groups with high exposure to Campaign messages to other groups with lower exposure. To this end, we look at variation across individuals and variation within individuals across time. In addition to looking for variation, it is also necessary to account for any pre-existing differences between the groups that might explain both the variation in exposure and any variation in outcomes. Consequently, we have designed the new NSPY survey to include many questions on personal and family history as well as measures of traits predicted by theory to be related to exposure to media messages and to drug use.

The variables chosen for inclusion in the Westat/Annenberg Evaluation are science based. We developed an overall model of Media Campaign influence, which is summarized by five figures attached to this document:

- Figure 1 presents the overall model of effects. It includes the model for Media Campaign influence in broad outline and names the categories of external variables likely to influence the process.
- Figure 2 lays out the processes through which the Media Campaign may influence individual exposure to anti-drug messages.
- Figure 3 outlines the influence paths of exposure to the Media Campaign on young peoples thinking about drugs, their perception about what others expect them to do, and their skills to resist drugs. In turn, the youth's changed thinking about drugs is meant to reduce his or her intention to try drugs or to graduate from trial to occasional or regular use of drugs.

—Figures 4 and 5 address the second strategy emphasized by the Media campaign—the parent component. The Campaign seeks to influence a number of distinct parent outcomes (e.g., monitoring beliefs, monitoring behavior), each of which is modeled separately. Two influence paths are presented here: Figure 4—for parental monitoring behavior, and Figure 5—for parent-child talk behavior.

For a full description of these models and of the many confounding influences that are included in the Westat/Annenberg Evaluation, I refer the Committee to the second chapter in any of our four already submitted semi-annual reports.<sup>2</sup>

#### THE NYAMC EVALUATION SURVEY

The evaluation methodology adopted by NIDA and the Westat/Annenberg Evaluation Team is based on guidance from a panel of experts; Westat's 30 years of program evaluation, substance abuse research, and survey research experience; the Annenberg School for Communication's considerable communications research expertise; and lessons learned from the earlier Phase I and Phase II Evaluations.

NIDA and the Evaluation Team implemented an integrated, in-person, household-based approach to surveying youth and their parents. The methodology adopted by the National Survey of Parents and Youth (NSPY) focuses on using computerized interviewing technology to get better measurements of exposure to anti-drug advertising and measurement of respondent attitudes, intentions, and behaviors towards drug use.

The NSPY design calls for three survey rounds, as shown in Figure 6. During the first round, comprised of survey Waves 1 through 3, we recruited and administered an initial interview to three national samples of eligible youth and their parents—labeled Samples A, B, and C in the figure. Across these three waves that comprise Round 1, a total of 8,133 youth aged 9 to 18 and 5,606 parents were interviewed. Round 1 data collection started in November 1999 and was completed in June 2001. In the second round, the participants are administered their first followup interview. The first followup wave of data collection, Wave 4, re-interviewed study participants first interviewed during Wave 1. This survey ended in December 2001 and completed interviews with approximately 2,435 youth and 1,752 parents. These respondents constitute approximately 40 percent of the total Round 1 NSPY sample. The Evaluation's most recent report is based largely on the findings from the Wave 4 survey. We are currently completing administration of the first followup interviews with the remaining 60 percent of the NSPY sample. The findings from this fifth wave of data collection will be reported on in approximately 6 months. All study participants will be interviewed a third time either in Wave 6 or Wave 7. Each of the seven waves of data collection lasts approximately 6 months.

Some of the advantages of the NSPY's longitudinal, in-person, integrated household design, as compared to other designs, are the following:

- Higher overall youth response rates (considering refusal by many schools to participate and the difficulties of obtaining parental consent for school-based surveys);
- Higher overall parent response rates (considering the high telephone screener nonresponse rate for parents in telephone surveys);
- The ability to conduct longer interviews;
- The ability to use computers with visual and audio displays (ACASI) to better assure respondent privacy and allow individual media ads to be shown;
- The ability to have year-round data collection;
- Coverage of high-school dropouts and absentees;
- The ability to obtain background data about sampled youth from their own parents (instead of interviewing an unrelated set of parents);
- The ability to correlate changes in parental attitudes and behavior with changes in youth attitudes and behavior; and
- Improved ability to track the youth and their parents during the two followup Rounds.

The NSPY design also enables the Evaluation to prepare the desired semi-annual report of findings based on current data.

The Evaluation was also designed to minimize the chance of falsely concluding there is no benefit in the event that the Media Campaign does indeed produce some benefit. There are at least nine specific ways in which the NSPY Survey reduces

<sup>2</sup>The four semi-annual reports are available on the NIDA website (<http://www.nida.gov/despr/westat/index.html>). The first three reports are also available from the ONDCP clearinghouse and its web site.



the chance of a false conclusion of “no effect” compared to an analysis restricted to existing data systems:

- Better measure of exposure to anti-drug media messages;
- Richer measures of beliefs and attitudes sensitive to the specific messages of the Media Campaign;
- Better quality of measures of marijuana and inhalant use;
- Inclusion of younger children;
- Opportunity to understand the paths of effects;
- Recognition that the Media Campaign may work through different paths;
- Opportunity to apply more powerful analytic techniques to sort out causal influences,
- Evidence about the social context of effects; and
- Opportunity to confirm theories of adolescent development.

#### THE LOGIC OF INFERENCES ABOUT EFFECTS

It would be desirable to show that target outcomes, including improved attitudes, intentions, and behaviors about marijuana use are trending in a direction consistent with ONDCP Campaign objectives. However, as noted above, any observed trend may reflect, in whole or in part, external forces other than the Campaign (e.g., drug prices, drug availability, content of popular media). Therefore, a trend alone won't permit unambiguous attribution of cause for an observed change in outcomes to the Campaign. Further, failure to observe a positive trend might miss real Campaign effects. The Campaign might be successfully keeping the level of drug use and its cognitive precursors from getting worse as the result of other negative forces, or it might be that this study lacked the statistical sensitivity to detect a small change. Still, given that the trend between 1992 and 1998 toward increased drug use justified the Campaign, finding a reversal of that trend is desirable. Therefore, the Evaluation examines data from NHSDA, MTF, and NSPY for evidence of change in outcomes, as indicated by Figure 7.

For a positive trend to be more firmly linked to the Campaign, the presence of a second class of evidence is required: that youth and parents who were more exposed to the Campaign do “better” on the desired outcomes (i.e., that youth who reported seeing Campaign ads two or three times a week are more likely to believe, for instance, that there were negative outcomes of marijuana use than those who reported exposure to the Campaign less than once a week.). Figure 8 depicts this second test for Campaign influence—cross-sectional association. However, even where a cross-sectional association between recalled exposure to Campaign messages and an outcome is found, the result is still subject to three concerns. First, there is the risk that the observed association between exposure and outcome is the result of other variables that affect them both. For example, youth who do less well in school may be more likely to turn to drugs and may also spend more time watching television and thus recall seeing more ads. The threat to an inference of Campaign effects from these other pre-existing variables (grouped together under the term “confounders”) is addressed directly through the implementation of statistical controls for potential confounding variables.<sup>3</sup>

Second, the absence of an association between exposure and outcome does not permit definitive rejection of all Campaign effects. The Evaluation recognizes the possibility of effects not detectable through comparisons between more and less well-exposed individuals. To the extent that effects are shared in social networks, or diffused through changes in institutional practices, they are sometimes not detectable through individual level comparisons.

The third concern in making inferences from cross-sectional associations is that the association might be the result of the influence of outcomes on exposure rather than of exposure on outcomes. For example, it is possible that youth with a negative view of drugs are more likely to remember anti-drug advertising. This could explain the association just as well as the idea that exposure to anti-drug advertising affected their view of drugs. This concern, called the threat of reverse causation, cannot be eliminated under most circumstances with cross-sectional data. Therefore, when cross-sectional associations between exposure and outcomes are found, it is also necessary to have data that provide evidence of causal order.

With the Wave 4 data collection the Evaluation now has access to over-time, cohort data—youth and parents interviewed at Wave 1 were re-interviewed at Wave 4. The availability of this longitudinal data (i.e., “over time” data) makes it possible to apply a third test for Campaign effects, labeled “delayed effects association” by

<sup>3</sup>The procedure used to provide the required statistical control, propensity scoring, is described in detail in Appendix C of the Fourth Semi-Annual Report of Findings.

the Evaluation team and depicted in Figure 9. With these data we can examine the association between exposure measured at Wave 1 and outcomes measured at Wave 4. (Like the cross-sectional association analysis shown in Figure 8, causal inference from delayed association analyses is also at risk of possible influence from confounders. The same statistical procedure mentioned above is also used to address concerns here about the influence of confounders.) The finding of a delayed effects association enables the Evaluation to establish that the observed association between exposure and the later outcome cannot be the result of the outcome affecting exposure. Such a time-ordered association either reflects the delayed effect of exposure to ads measured at Wave 1 directly on the outcome measured at Wave 4, or that the effect of exposure at Wave 1 reflects continuing levels of subsequent exposure through Wave 4 which in turn affects the outcome at Wave 4. Both of these routes are consistent with a claim of influence of exposure on outcome.

The additional explanatory power gained by the availability of longitudinal data is critical. This followup data can serve to sort out with some confidence the causal order between variables. Thus, the delayed effects association analyses newly included in Fourth Semi-Annual Report of Findings address a major concern raised above about making causal claims from cross-sectional associations. Evidence for a delayed effect would allow a clearer understanding of the causal order between exposure and outcomes.

As noted above, at this time only data from the Wave 1 to Wave 4 longitudinal sample are available for examination of the delayed effects association, approximately 40 percent of the eventual full sample.<sup>4</sup> This sample is not large enough for overly detailed subgroup analysis, although analyses by gender, age, and risk subgroups are presented in our Fourth Semi-Annual Report of Findings, when appropriate. For the next semi-annual report, when longitudinal data will be available for the entire youth and parent sample, the full range of subgroup analyses will be presented.

The Evaluation's reports contain a large number of analyses designed to examine Campaign effects, using several different analytic approaches and conducting analyses both for the full sample and for many different subgroups. Statistical tests of significance are used for each analysis to establish whether any effects observed might be simply the result of sampling error. In assessing the findings from these significance tests, it needs to be recognized that, even if there were no Campaign effects whatsoever, some of the large number of tests will produce significant results (negative and positive). Thus, for example, in the simplified case of 100 completely independent statistical tests with no effect present for any of them, one would expect that 5 of the tests would be statistically significant if a 5 percent significance level is used. Considerable caution must, therefore, be exercised in assessing an isolated significant effect, or only a few statistically significant effects, when many tests are conducted. For this reason, when interpreting the many analyses in the Fourth Semi-Annual Report of Findings, we tend to downplay individual significant effects, and rather look for consistent patterns of effects.

To date, the Evaluation has prepared four semi-annual reports of findings with the most recent report having been submitted in May 2002. Three additional semi-annual reports are planned, one following each of the three remaining NSPY data collection waves.

Figure 1. Overall model of Media Campaign Influence

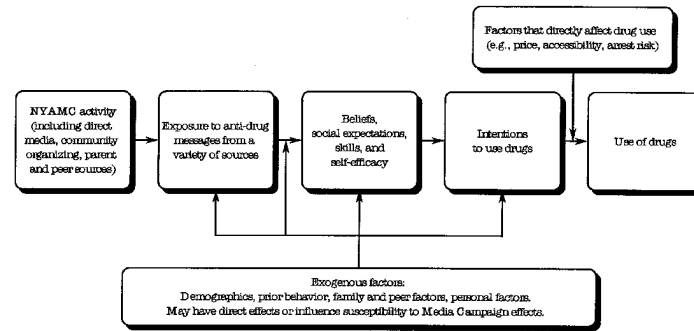


Figure 2. Model of influences on exposure to anti-drug messages

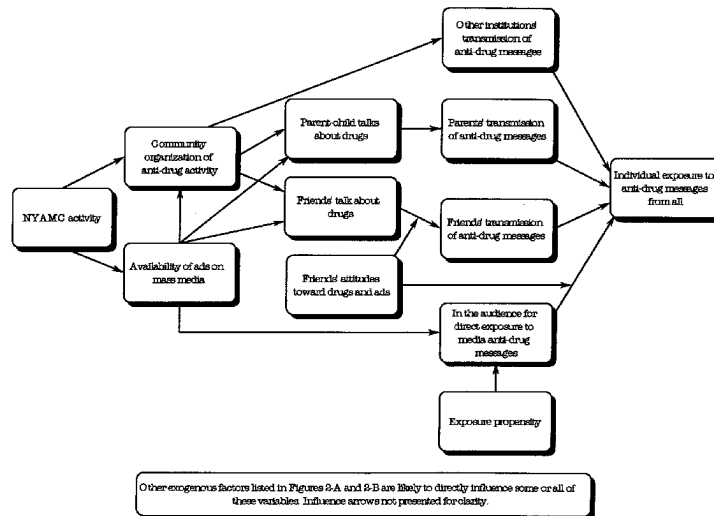


Figure 3. Model of influences of exposure to drug outcomes

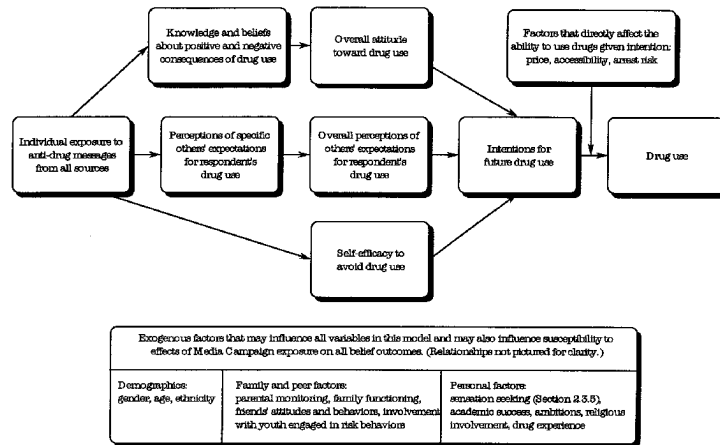


Figure 4 – Effects of parental monitoring behavior

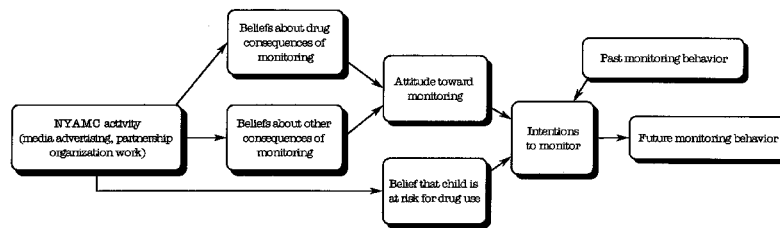


Figure 5 - Effects on parent-child talk behavior

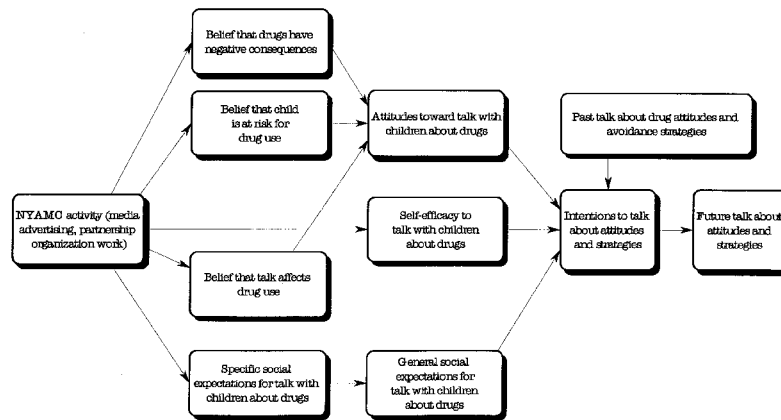


Figure 6. Initial and Followup Interview Schedule

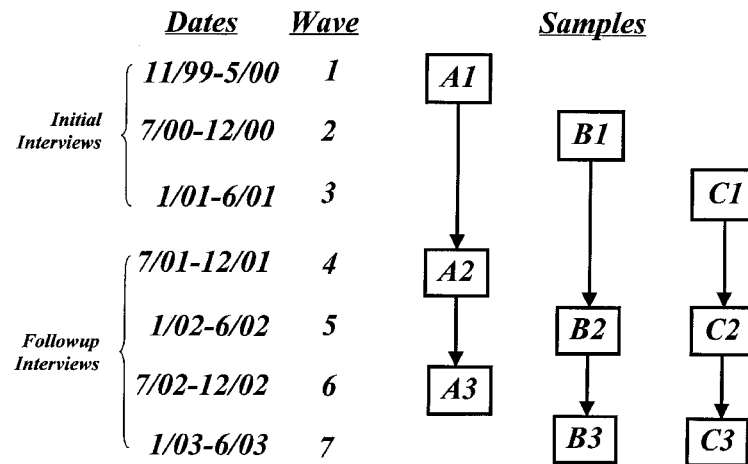


Figure 7. Claims of Campaign Effect- Trend

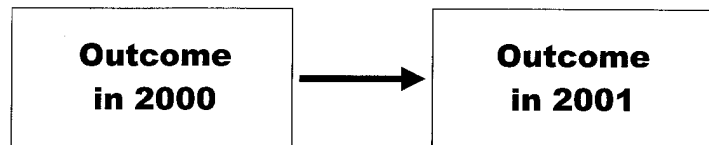


Figure 8. Claims of Campaign Effect - Association

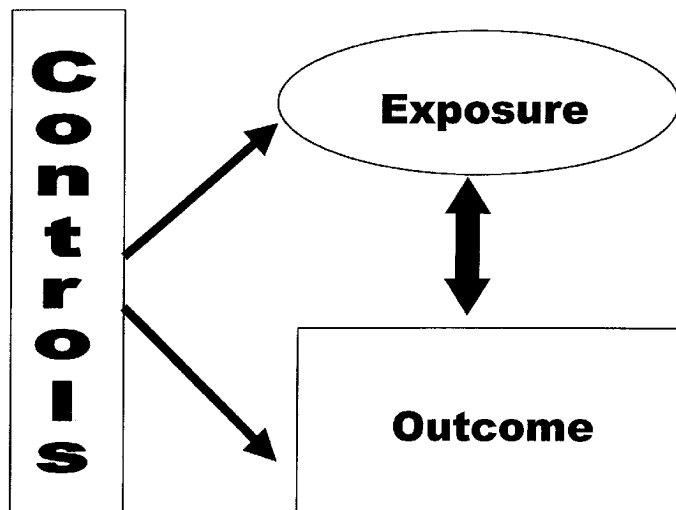
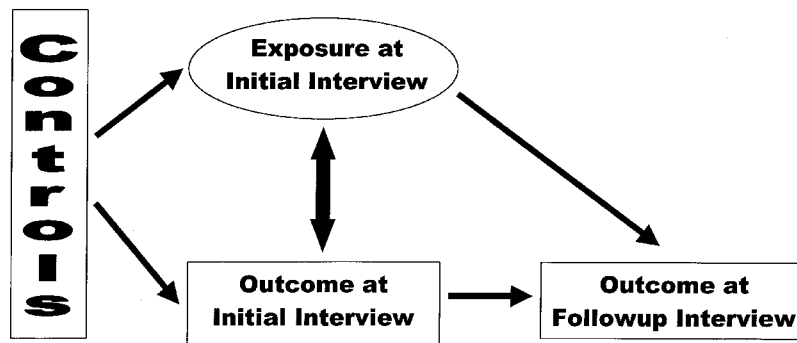


Figure 9. Claims of Campaign Effect - Delayed Effect



Senator DORGAN. Dr. Hornick, thank you very much. This is the evaluation; is that correct?

Mr. HORNICK. A previous version. We actually have an elegant looking version, but it is the same—

Senator DORGAN. With a fancy cover? You sufficiently conditioned your response at the time. Are you an economist?

Mr. HORNICK. No.

Senator DORGAN. Well, you sufficiently conditioned it to say that while we found this had impact—you said young girls actually were more inclined to use marijuana having been exposed to these advertisements; is that correct?

Mr. HORNICK. That is the empirical result, yes.

Senator DORGAN. But I guess Senator Campbell and I are asking, is there a point at which you say, this is not working?

Mr. Burke, you say the use of the media and television is a remarkably persuasive, powerful tool. I do not disagree with that. I mean, I have a George Foreman Grill, so I understand about television.

Senator DORGAN. But is there a point at which you would say that this is not working? If we have spent \$1 billion and the results from the academicians say that it has had no measurable impact on kids? Is there a point at which you would say, I give up using the taxpayers' money for this program?

Mr. BURKE. Yes. What I tried to say and I guess I did not say it very well, what we got ourselves into, if you look at the last 4 years that \$1 billion is spent, the most recent 2 years nothing happened. By the way, that is not all bad. If you are ahead in a ballgame and then you stall out for a while, that is not all bad. It does not mean you—

Senator DORGAN. It is all bad if you are spending a lot of money. If it is not your money it is probably not bad, but—

Mr. BURKE. No, that is not it. If you look at the period—first of all, this study did not start until—nothing had happened for 18 months.

Senator DORGAN. Except drug use was declining prior to this.

Mr. BURKE. Yes.

Senator DORGAN. That happened.

Mr. BURKE. Right. But you are trying to measure this campaign, which never had a chance to get started in the way it needs to, to be measured. You are criticizing the results, as you should, by the way. I criticize them too, maybe more vociferously than you do. But the fact is, if you go back to the beginning of this, you still have to face the fact that the progress that this country has made has been extraordinary.

You are talking about one campaign that did not start—the background of that campaign was 18 months late, and the Office of National Drug Control Policy was not formed like it is now. It now has a leadership. But I do not think that—I think we could say, none of us are happy with the results of this campaign. All of us having something to do with the results.

What I am saying is, that if ONDCP and the Partnership and other interested parties would get together and examine what did work while it was working, and get back to that plan, it can work all over again. What has been running for the last year or so is not anything like what we ran—

Senator DORGAN. I understand. But the point of all that is, Mr. Burke, something failed in the middle. Let's assume that we did not have some interruption in the continuity of the strategy you say worked, and then you evaluated at the end of it a consistent strategy, I think you are suggesting that would have worked and worked well. We do not know that, of course.

But in any event, at some point along the way, in the middle of spending \$1 billion something happened so that now at the end of 5 years you and others say, we really cannot tell. It does not look like we have had much effect. I think Senator Campbell and I are simply saying, this is a lot of money to spend—

Mr. BURKE. It is.

Senator DORGAN [continuing]. And I think the taxpayers want to understand with what effect.

Mr. BURKE. I am sorry that I have not been able to articulate that well, but you have got to remember that the reason we got this Government money was that the pro bono advertising which the Partnership had lived off of, was \$1 million a day, \$1 million a day for 3 years. That is when those big things happened. We can prove it over and over and over again.

We then found that the media world began to fragment, as you probably know. At one point the three networks had 80 percent of the eyeballs. They now have less than 40. We got concerned that there would not be the right media weight—we assumed we had the right messages but not the right media weight—unless we got help from the Government. So I went down and persuaded the then-drug czar and he in turn with the President decided to ask Congress to appropriate this money.

I think we would be worse off than we are if we did not get that money, but we never have been able to get back to the kind of advertising focus that we had that made this so successful. It has been bureaucratic slowdown, 19 message platforms, unproven theoretical construct called a fully integrated social marketing campaign, which sounds to me like crazy, two dozen vendors and sub-



contractors, siphoning off one-third of the money from ad buys, and a 26-step creative process up from eight steps.

Senator DORGAN. Let me ask you about that because ONDCP says that is not accurate. I asked the question, how much money are we appropriating that actually goes to buy ads, and they are saying 87 percent goes for advertising. You are saying that \$50 million last year of the \$180 million was pulled away. Now how do we reconcile your allegation and ONDCP?

Mr. BURKE. I think you should reconcile it.

Senator DORGAN. I want to, but how do we do that? Are your numbers accurate?

Mr. BURKE. We believe \$180 million was appropriated, and based on our audit of what was spent on media we can only find \$130 million.

Senator DORGAN. So that is \$50 million that is somewhere else, contractors and so on.

Mr. BURKE. Yes.

Senator DORGAN. I am going to ask our staff, majority and minority staff to sit down with your agency and ONDCP at the same time and try to reconcile this because this is a very big issue. If we say we want \$180 million out there for advertising and \$50 million gets moved away someplace else, we want to know how, why, and where, and who got it.

Mr. BURKE. And I think you ought to get into the other things that we are concerned about too. The process has changed completely. We could take you through the current process and the process that we had before. You cannot—I do not know how anybody can create advertising with the number of steps—I cannot even remember how many there are—26 steps in the creative process. If that happened at P&G they would have to sell the business. It is bureaucracy at its very worst.

Senator DORGAN. We will get to some of that.

Senator Campbell, I just stepped outside for a moment because we had some students come into the room who were going to see me in my office and I could not do that. But they are from Kenmare, North Dakota and I noticed they came in the back of the room. At a previous hearing, you pointed out that that is exactly the target audience. Let me ask some experts about the drug campaign.

Let me ask you kids that are—you are FFA kids from, I suppose, a junior and senior class perhaps. Let's see, how many of you have seen these campaign ads, the anti-drug ads on television? Let's see some hands. All right, most of you.

Anybody give me any analysis of how you react to those ads? Yes. Would you stand up, tell us your name?

Mr. KING. Jacob King. I think the ads would probably be more effective if they were directed more towards the parents, because the kids just, when commercials come on it is like, time to go to the bathroom or time to go get pop or something. They do not want to sit around and watch commercials. But if the parents got more involved with their kids, I think that would be more effective.

Senator DORGAN. Actually, Jacob, it is interesting, this study shows that the campaign has made parents more aware, but in fact

that has not resulted in less drug use among youth. But I understand your point.

Mr. BURKE. Yes, but could I interrupt there? That is because—

Senator CAMPBELL. Could I interject, I come from a small town as you do, an agriculture town where the FFA is very prominent and active. I am not sure that that is the area that we need to target in the first place because most of the kids I have known in FFA are hard-working kids. They are close to their communities, close to their family, they have chores after school, they have things to do. My own view, in our little town of the FFA kids that I have known, I have not known any that have been involved in drugs at all. Even though they see those ads, it seems to me most of the ads ought to be directed more towards the kids that are using drugs.

Senator DORGAN. I agree. But virtually every child in this country is a child that needs to receive the message about the dangers of drugs. It is interesting, you can perhaps in every school find a predictable group of people who are involved in drugs, but you will also in every single school find some students that no one ever, ever would have thought would have had an interest in experimenting. But you are quite right about the FFA. It is a wonderful organization.

Any of the rest of you have any observations about these things? I do not want to put you on the spot here. Yes? Then we will come back to the experts.

Mr. STEINBERGER. I think that this advertising, if you are going to do it, you should target towards younger kids, maybe age groups that are much younger than us so they get it throughout their whole lifetime, not just when you get into your teens and it is just, wham, all there at once. I think that it is better directed at some of the younger kids.

Senator DORGAN. All right, one other and then, Mr. Burke, you want to speak. Yes, ma'am?

Ms. MODIN. This is towards what he said about the FFA kids. I do agree, I know a lot of kids in our chapter, I am president of our chapter and I know a lot of kids and they do not do drugs. But it should be targeted towards us too because we care about a lot of the other people in our school. We care about other kids in our school and they need to see them, too.

Senator DORGAN. Now you have had a chance to testify at a Senate hearing.

Thank you for being willing to do that. You had one more thought? Yes, sir.

Mr. KING. Can I make another comment? Another reason why I said it should be directed at the parents is because kids think they are invincible. They do not pay attention to the ads because we do not think it affects us because we have got all the power in the world; nothing can harm us. Our laws are less crucial for minors and stuff like that. So they are pretty much invincible and that is what they think.

Senator DORGAN. Thank you. Mr. Burke, you wanted to comment on that?

Mr. BURKE. Yes, I just wanted to remind everybody that the only children in the plan that has failed were 11 to 13, and we now have agreement that we are going to change that target audience

to 12- to 17-year-olds, which it was back in the days when they had more success.

Senator DORGAN. Dr. Hornick?

Mr. HORNICK. I just wanted to elaborate a little bit on the parent results. It is quite true that we could not find evidence that parents that were more exposed versus less exposed to the campaign were more likely to have kids use different levels of drugs. That is quite right. But parent behavior itself apparently—the evidence is consistent with that being affected. That is, the level of which they monitor their children, and talk to their children, there is at least some evidence consistent with that.

We also know that the more parents monitor their children, the less likely their children are to use drugs or initiate drug use. So while we do not have direct evidence from parent exposure all the way to kids' drug use, we at least have some evidence going part of the way.

Senator DORGAN. But virtually every parent, any parent that is responsible and every parent that cares about their child, is going to want to make sure that they are sending their kids messages, and trying to do the kind of parenting that will prevent their children from wanting to be involved in drug use. I do not know that you need to make parents terribly aware of that because, I think they are very aware in most cases. I think it is beneficial to reinforce the notion of what is good parenting. Sit down, have that discussion, have that message.

All of us have different ideas about what kind of a commercial works. In my judgment, and I do not know whether this was yours, Mr. Burke, but in my judgment one of the best commercials I have ever seen on drugs is the one with the fried egg. This is your brain, and this is your brain on drugs. It was a commercial that I have never forgotten, and I suspect everybody who has seen it probably carries that commercial with them.

Mr. BURKE. You are correct.

Senator DORGAN. There are commercials that perhaps work for some and then there are commercials that you put on the air that do not have any impact. How many in the audience have seen the recent ads with respect to drugs and terrorism?

All right. How many of you think they are effective?

How many of you think they are not effective?

All right, about 50/50. So my point is, I saw one of those last evening about 10:50 p.m., close to 11:00 p.m. and I was just thinking to myself, this is a strange time to be trying to influence young kids, really young kids, pre-teens, for example, or early teenagers, at 11:00 at night. But everybody has their own view of what kind of ads work, what is the creative input.

Now Mr. Burke, your organization provides the creative input, right?

Mr. BURKE. Yes and no. We do not have the responsibility that we thought we were being given when the appropriation was made by Congress. What we thought we were getting was the responsibility for the whole creative process, the creative strategy. To be reviewed with everybody else concerned, but it would be our prime responsibility. Then after the review process we then have to go to experts to go over that review. We want to keep this strategy fo-

cused when we create the advertising. There has been too little cooperation between ONDCP and the Partnership, and I accept some of the blame for that. But I think we have paid an awful price.

Senator DORGAN. I would say that really does need to change if this campaign continues. What is happening between these two organizations is deplorable. It does not contribute to an effective program in the future.

Senator Campbell—let me first of all thank the witnesses. I have to leave in about 10 minutes and if I have to leave before Senator Campbell finishes, let me thank the witnesses for your contribution. I think your contribution to this discussion is very, very important. But let me call on Senator Campbell.

Senator CAMPBELL. I will finish up early, Mr. Chairman. I really appreciate you asking the youngsters back there their views on some of these things. We are in sort of a politically correct lifestyle now and I was thinking of myself, when I was a boy their age my dad drank some. He did not know much about child psychology and I can still remember him telling me, if you ever use drugs I'll knock the hell right out of you. And it worked, I never used them. I do not know if dads still do that any more or not.

Mr. BURKE. They should.

Senator CAMPBELL. I think sometimes maybe they should.

Let me ask you a couple of questions, Mr. Burke, because I am interested in your comments. Two or three times you talked about the process, the 26 steps and the 194 days to create and produce an ad. In your former life as the chairman and CEO of Johnson & Johnson, how do you compare that with an ad you would have wanted to develop in the private sector? Is this considered very slow?

Mr. BURKE. Unbelievably slow and unbelievably complicated. If you chart it and look at who is doing what to whom in each of those steps, you cannot help but make it more complicated than it should be. Creative people do not respond very well to complications either. You have got to give them as much freedom as you possibly can to get the most out of them.

Senator CAMPBELL. I think that when you dealt with us getting back to basics on this ad campaign you generally agree, I think, with Mr. Walters with one big exception. He believes that the ONDCP should have a greater involvement in the advertising development process. You believe that that might be worse, that might complicate it and even make it slower.

Mr. BURKE. Not necessarily. We have invited that organization to come to our offices on four separate occasions and get acquainted with and listen to the creative process as it works in our organization. They have never showed up. I hate to be that critical but I do not think we can continue to function that way.

Senator CAMPBELL. Your number one recommendation is the creation of a strategic advisory working group. Would that not also just add another layer of offices, staff, expenses, whatever?

Mr. BURKE. Not if we set it up properly, and continue to remind ourselves, both at ONDCP and at the Partnership, that focus is what we are looking for. If we get focus, we can keep things much simpler, and the testing that we can do is going to be much more reliable.

Senator CAMPBELL. Maybe Dr. Johnston and Dr. Hornick—are you medical doctors?

Mr. JOHNSTON. No, social psychologist.

Senator CAMPBELL. I do not know which one of you mentioned the study that indicated young girls, the use of marijuana may actually have gone up. What do you attribute that to?

Mr. HORNICK. We view those as quite interim results and I am reluctant to be too strong about it. I can speculate about how it might have occurred, but we really are anxious—as we said before, we have 40 percent of that longitudinal data in hand. We will have another 60 percent at the end of this month and we will be analyzing it over the next few months.

It is hard to understand why it would happen. It is very surprising. No one expected certainly that we would see that result. It is possible that somehow by seeing lots of messages the girls are believing it is very common behavior and thus somehow responding to that, thinking it is appropriate. But that is just speculation. I really do not have any good explanation for it.

Senator DORGAN. Dr. Johnston?

Mr. JOHNSTON. May I add that this particular study uses household methodology, household surveys. They are very expensive, which limits the numbers of cases you can have. Whenever you get down to subgroups and small numbers of cases it is possible to get a number—

Senator CAMPBELL. The margin of error goes up probably?

Mr. JOHNSTON [continuing]. Findings that may even be statistically significant but not real. So when I see a finding like that I am very suspicious about whether in fact it is valid.

Senator CAMPBELL. Last question Dr. Hornick or Dr. Johnston I notice that Dr. Maklan did not testify but you are here just to answer some questions, maybe the three of you. If we are going to make this thing work right, in just the next minute or two, what should we do legislatively or from an appropriations standpoint to revitalize it, to make sure we are not back here every year with these comments on how it is not working and pouring more money into something that does not seem to be making big improvements.

I understand that there may be a reduction in some areas in the use of marijuana. On the other hand, I know for a fact the use of methamphetamines has gone up, and I understand Ecstasy use is going up too. So it does not do any good to press it down here if it is going up somewhere else. What would you suggest, perhaps the two of you or three of you?

Mr. JOHNSTON. I think the one thing I would do is actually increase media weight.

Senator CAMPBELL. Increase what?

Mr. JOHNSTON. Media weight, the amount of media that is being purchased. One of the ways I would do that probably is not to dice up the melon quite so finely. I was involved in one of the strategy committees that preceded this campaign and it was a point that I made then and I still hold. That is that you can have so many objectives, so many drugs, so many subgroups, so many message strategies that after a while you have just diced the whole thing so finely that you just have mush. Nothing works. I think to some degree this may have suffered.

Another point I wanted to make is that marijuana may have been—it is where the focus of this evaluation is, but it may not be where the real leverage of these campaigns is. Our findings are that when kids come to see a drug as dangerous they move away from it. They do not initiate it or they stop using it if they are moderate users.

Senator CAMPBELL. Find out it is dangerous?

Mr. JOHNSTON. When they see it as dangerous to themselves, to the user. That has been a very powerful finding. From that we view the system as a cycle. When a new drug comes onto the scene it takes a period of time before the horror stories begin to accumulate; some of the ones that you saw in these videotapes. The longer it takes for that to happen, the more kids who use and feel quite comfortable using. But when they start to get the message that there are dangers associated with it then they stop initiating, and some who have initiated, stop.

So I think that inhalants, as I mentioned in my example on the board, was a good example where it was—they come in below the radar. There had been very little talk about the dangers of inhalants and kids really were very naive about its dangers. The Partnership ad campaign really made a breakthrough there and changed views, and changed behavior. I think the same thing might happen right now with Ecstasy. It is a drug that has been rising rapidly and I have been saying in public that this is not going to turn around until kids come to see this drug as dangerous. Now we are starting to see an ad campaign that will help to bring that about.

With marijuana, it is a drug that has been around for decades and decades. A lot of people have made up their mind about it. There is a lot of discussion about medical marijuana use and so forth. I think it is one of the hardest targets to persuade kids of at the present time in history. So I worry about overemphasizing the fact that we did not get the hoped-for effects—assuming that the results are valid, we did not get the hoped-for effects there, and concluding that the whole campaign does not work, because I think in fact the campaigns are powerful.

But they do need focus. They do need a lot of creative control and I have long taken the position that both us, academics, and people in Government, should not be doing these ad campaigns. We are not experts at it. Leave that to the experts. We can come up with the general strategy. We can give them some message ideas. But let them do the creative. That is their business, and I think we have gotten away from that considerably.

Mr. BURKE. It is very interesting you spoke about inhalants because we were tracking inhalants at the Partnership and we said we have got to do something about it. Most of the people we talked to said, what do you mean, do something about it? We got enough research together so that people like this gentleman said, it is going right through the roof, and it is going through the roof because the kids do not know how dangerous it is. And that was the biggest turnaround we have ever had. We were the only organization advertising against inhalants, and you saw the numbers.

Senator CAMPBELL. I know the danger of them. I have a nephew that is 47 years old now and he has been in an institution since

his early twenties because he did not know the danger of LSD. He was in a rock band and some of the other kids talked him into experimenting with it, and to my knowledge he only fooled around with it a few times. But here he is, a middle-aged man in an institution, his whole life, and that is where he is going to stay. He has to be on medication. Sometimes he seems to get better and they let him go home for a while. If he goes home and goes off the medication he hallucinates, he has all these problems again and they have to put him back in. He is in California in an institution.

I know a lot of other families have had personal experience with drugs too.

#### ADDITIONAL STATEMENTS AND QUESTIONS AND ANSWERS

Let me stop there and tell you I appreciate, as the chairman does, your testimony today. This record will remain open a couple of weeks if you have any additional comments, if you would like to submit them in writing, or if anybody in the audience has something they would like to add to this hearing, if you would submit those in writing we will make sure they are a part of the record and we study them.

We have received written statements that we will include in the record.

[The information follows:]

#### PREPARED STATEMENT OF THE COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

(CADCA) strongly supports continued fiscal year 2003 funding for the Office of National Drug Control Policy's (ONDCP) National Youth Anti-Drug Media Campaign (henceforth the Media Campaign) at the \$180 million level requested in the President's Budget. The Media Campaign has proven to be an invaluable, universal prevention tool that has put the issue of youth drug use back on the radar screen of the American public.

CADCA has seen the benefits and effectiveness of the Media Campaign reflected in communities throughout the nation. Last year, CADCA surveyed a subset of our coalition members who have been involved with the Media Campaign since its inception. This survey showed that the Media Campaign has:

- Contributed to significant reductions in youth drug use in selected communities.
- Increased awareness of the drug issue at the local level and increased the demand for drug prevention information and services being requested in these communities.
- Increased phone traffic and interest in coalitions who have had local ads tagged with their contact information.
- Propelled local business leaders to become more involved with community coalitions through donating money, equipment and the time of their employees to local anti-drug efforts.

The Media Campaign has been effective in contributing to major reductions in youth drug use at the local level. For example Cincinnati, Ohio is one of the top five media markets for anti-drug ads in the nation based on the amount of local airtime they receive. The Coalition for a Drug Free Greater Cincinnati received close to \$1.5 million in donated anti-drug advertising airtime. This allowed them to increase the frequency of the Media Campaign ads. In 2000, the Coalition did a baseline survey of over 67,000 youth in ten counties in Ohio, Indiana and Kentucky, who reported regularly seeing and hearing anti-drug advertisements. A follow-up survey, done in 2002 of youth in the same geographic area, showed a 16 percent reduction in tobacco use, a 19 percent reduction in alcohol use and a 20 percent reduction in marijuana use from the baseline. Students also reported that the Media Campaign commercials they have been exposed to are relevant and strengthen their choice not to use drugs.

There is compelling evidence that the Media Campaign has been very successful in raising awareness about the drug issue among the general population. This heightened awareness has had a direct impact on the demand for prevention information and materials requested from the Substance Abuse and Mental Health Serv-

ices Administration's (SAMHSA) National Clearinghouse for Alcohol and Drug Information (NCADI). NCADI saw major increases in inquiries, orders, and website access due to the Media Campaign. NCADI measured the level of inquiries, orders and web hits in 1997, 6 months before the Media Campaign began and then again in 1998, 6 months after the inception of the Media Campaign. There was a 165 percent increase in inquiries, a 111 percent increase in filled orders and a 126 percent increase in website access over this 1 year period.

The problem of denial among adults, regarding youth drug use, is usually a major impediment to getting them involved in prevention efforts. Due to the Media Campaign, local coalitions as well as other groups and organizations experienced an increased demand for training and information about the drug issue because they now understood that this was a problem they needed to personally address. This resulted in their requesting multiple copies of NCADI's publications and materials to distribute to parents, schools and other groups in their local areas who had an interest in learning more about drugs due to the Media Campaign. The distribution of NCADI publications was measured before the Media Campaign was launched, and again a year after its initiation. The increase in demand for publications related to the themes of the Media Campaign was tremendous: "Marijuana, Facts for Teens" increased 117 percent; "Marijuana, Facts Parents Need To Know" increased 84 percent; "Keeping Youth Drug Free" increased 70 percent; "Tips for Teens About Inhalants" increased 76 percent; "Marijuana, Facts for Teens" in Spanish, increased 76 percent; and "Marijuana, Facts Parents Need To Know" in Spanish, increased 93 percent.

The Media Campaign has also directly contributed to the success of many community anti-drug coalitions by providing a high level of sustained public awareness that coalitions can leverage and build upon. The "You Can Help Kids" and the "You Get More When You Get Together," segments of the campaign, actually promoted anti-drug coalitions. The "You Can Help Kids" ads encouraged parents, grandparents, teachers, coaches, faith leaders, and others who influence and interact with America's youth, to join local coalitions and work to keep youth drug free. The "You Get More When You Get Together" ads demonstrated the power of coalitions by highlighting representational coalition success stories and encouraged individuals to get their groups involved in the local coalition movement. The Ad Council and ONDCP asked for CADCA's help in enlisting local community anti-drug coalitions to participate by having local viewers referred to the coalitions in their area. Viewers of the ads who called a national toll-free hotline or logged onto the campaign website were given the opportunity to receive contact information for the coalition in their community. 336 of CADCA's coalition members participated in this effort and have reported expansions of both their volunteer base and the number of local partners due to their involvement in the Media Campaign.

Business leaders were not a group particularly involved or interested in drug prevention prior to the Media Campaign. As a direct result of the Media Campaign, business leaders in communities around the nation have donated money, time and equipment to local coalitions. A large corporation in Michigan donated \$25,000 to the Troy Community Coalition for the Prevention of Drug and Alcohol Abuse located in Troy, Michigan. This company had not considered including drug prevention activities among its charitable giving priorities before the Media Campaign brought the seriousness and importance of this issue to attention of the general public.

CADCA fully supports the President's fiscal year 2003 Budget request of \$180 million based on the positive feedback and statistics from CADCA members nationwide that the Media Campaign has been extremely effective. The Media Campaign has consistently: increased awareness about the drug issue; resulted in specific reductions in use among youth who report regularly seeing or hearing the ads; resulted in increased interest in parent trainings; broken through the denial of adults about youth drug use; and encouraged previously hard to organize sectors of a community, such as the business sector, to become involved with the community anti-drug coalition movement. The Media Campaign has been an invaluable resource in helping to address youth drug use in communities around the nation.



## LETTER FROM THE NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE

NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE,  
*New York, New York, June 13, 2002.*

Hon. BYRON L. DORGAN,  
*Chairman, Subcommittee on Treasury and General Government, Committee on Ap-  
 propriations, U.S. Senate, Washington, DC.*

DEAR MR. CHAIRMAN: I am writing in support of funding for the anti-drug media campaign. It is essential for America's children to receive messages that discourage them from using drugs and for America's parents to receive messages that encourage them to talk to their children.

Every teenager in America will be required to make a conscious choice whether to smoke, drink or use illegal drugs before he or she graduates from high school. Parent power is the most underutilized tool in helping teens to make the right choice. CASA research has found that teens who have not used marijuana commonly credit their parents for their decision; while those who have used marijuana commonly credit their peers.

Alcohol is still far and away the top drug of abuse by America's teenagers: 80 percent of high school students have tried alcohol; 70 percent have smoked cigarettes; 47 percent have used marijuana; and less than 10 percent have tried cocaine, heroin or ecstasy. Experimentation is unacceptable conduct.

By the 12th grade, of those who have ever been drunk, 83 percent are still getting drunk; of those who have ever tried cigarettes, 86 percent are still smoking; and of those who have ever tried marijuana, 76 percent are still smoking pot.

The most important change this committee can make in the anti-drug media campaign is to focus much of its attention on alcohol. As CASA and others have documented, more than five million high school students (31.5 percent) admit binge drinking at least once a month; the proportion of children who begin drinking in the eighth grade or earlier jumped by 33 percent from 1975 to 1999; and the gender gap in alcohol consumption that once separated boys and girls has evaporated as male and female ninth graders are just as likely to drink (40.2 vs 41.0 percent) and binge drink (21.7 vs 20.2 percent).

Accordingly, we strongly support full funding for the anti-drug media campaign and either an increase in funding for that campaign to cover alcohol or an allocation of some portion of the campaign to cover alcohol.

Sincerely,

JOSEPH A. CALIFANO, JR.

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PREPARED STATEMENT OF THE ADVERTISING COUNCIL

On behalf of 67 non-profit and government community organizations that have been full partners in the National Youth Anti-Drug Media Campaign (see attached list), the Advertising Council would like to commend Congress for its strong leadership and continued support of the Media Campaign—especially as you are considering the program's re-appropriation through the Office of National Drug Control Policy (ONDCP).

The Ad Council has been a proud partner of the Media Campaign since its inception in 1998, when Congress directed ONDCP "to consult with media and drug experts, such as the Ad Council." As the Nation's leading provider of public service advertising, the non-profit Ad Council has 60 years of experience in correcting social problems through advertising campaigns. Each year, Ad Council campaigns receive over \$1.6 billion worth of donated media, ranking it among the top ten advertisers in the United States.

The Ad Council's experience to date with the Media Campaign has been exceptionally positive. As full partner, the Ad Council provides assistance to ONDCP in three important areas:

- Facilitating the national PSA Media Match program, in order to ensure that the Media Campaign is not supplanting current pro-bono public service advertising.
- Developing and implementing a PSA campaign for ONDCP that encourages participation in community anti-drug prevention programs and supplements the important work of community coalitions.
- Reviewing of all production estimates and final costs associated with the pro-bono creative development and production from PDFA and their volunteer ad agencies.

A major strength of the Media Campaign has always been Congress' great vision and foresight that preventing youth drug use will only succeed through a comprehensive strategy that includes the full partnership of grassroots organizations,

like those that currently participate in the pro-bono Media Match. PSAs from these 49 leading national non-profits and 17 government agencies have helped to connect youth with community resources and after-school activities, as well as effective programs that foster high self-esteem. In addition, more positive role models have been created for youth in new mentors, and in parents who are better informed about the critical role they play in keeping their kids off drugs. These grassroots organizations are ardent supporters of the Media Campaign and, attached to this testimony, you will find letters from some of them that request your continued support in re-appropriating the Campaign, as well as the media match in its current form.

Thus far, the pro-bono Media Match is an unqualified success. It has reinvigorated public service advertising—despite a highly competitive media environment—and the media is rising to the challenge. It is because of the PSA match that this campaign is the most efficient use of leveraged Government funding that I have ever seen. To date, the Media Match has yielded over \$315 million and 510,000 units donated by TV and Radio networks and local stations for PSAs that are helping to keep kids off drugs. This exposure has helped contribute to the following results, which were documented during the period the organization's PSAs were included in the Media Match:

- 200,000+ calls from prospective mentors resulting in over 40,000 new mentors for at-risk youth (National Mentoring Partnership)
- 600 percent increase in visits to a parent help website (Benton Foundation's Connect for Kids)
- 3-times more calls to the National Fatherhood Initiative's hotline
- Over 5 million visitors to a help website for troubled teens within a 3-month period which is 250,000 more than in the entire year prior to Match participation (KidsPeace-Teen Central)
- 56,024 more youth involved in volunteerism and community service, a 20 percent increase (National 4H Council)
- Calls to Alanon/Alateen's English and Spanish hotlines, offering help to families and friends of substance abusers, increased over 200 percent.

Thanks to the PSA Media Match, initial concerns that the introduction of the Media Campaign might "supplant" the media's existing support of public service have proved to be unfounded. Rather, an unintended benefit of the Media Match is the improvement of PSA audience reach by opening up high-rated television day-parts in which public service was traditionally underrepresented. The Ad Council's independent monitoring service has reported that in the 5 years prior to the match, only 40 percent of all donated media towards Ad Council PSAs was in desirable day-parts—leaving the majority of PSAs to be aired between the hours of 1:00 a.m. and 6:00 a.m. Since the match, the media's donation of desirable day-parts has dramatically increased from 40 percent to 70 percent of total donated media.

Again, thank you for your leadership of the Media Campaign and, especially its pro-bono Media Match. With great pride, we continue to support this critical Media Campaign in any capacity—and we commend this Committee for devoting the necessary resources to ensure its continuity.

Sixty-five Organizations that have participated in the Media Match since 1995.

*Non-Profit Organizations / Foundations / Associations*

100 Black Men  
 ACT Against Violence/American Psychological Association  
 Alanon/Alateen  
 American Symphony Orchestra League  
 America's Promise  
 Big Brothers Big Sisters of America  
 Boys and Girls Club  
 Center for Juvenile and Criminal Justice/Justice Policy Institute  
 Children Now/Kaiser Family Foundation (Talking with Kids about Tough Issues)  
 Chris Farley Foundation  
 Citizenship Through Sports Alliance  
 Community Schools For Excellence—Children's Aid Society  
 Connect for Kids (The Benton Foundation)  
 Country Music Association  
 C.S. MOTT Foundation/Afterschool Alliance  
 Education Excellence Partnership (partially funded by Dept. of Education)  
 Educational Testing Service  
 El Valor/Parents as First Teachers  
 Girls and Boys Town (formerly Boys Town)  
 Girl Scouts of the USA  
 Girls on the Move

Give a Kid a Hand/International Advertising Association  
 The Healthy Competition Foundation  
 Hepatitis Foundation International  
 Horatio Alger Association  
 Kids Peace  
 Mentoring USA  
 Mothers Against Drunk Driving  
 Musicians' Assistance Program  
 National Action Council of Minority Engineers  
 National Council of Teachers of Mathematics  
 National Crime Prevention Council (funding from Dept. of Justice)  
 National Fatherhood Initiative  
 National 4H Council  
 National Inhalant Prevention Coalition  
 National Mental Health Awareness Campaign  
 National Mentoring Partnership/Harvard Mentoring Project, Harvard School of  
 Public Health, Center for Health Communication  
 National Organization on Fetal Alcohol Syndrome  
 Partners for Public Education  
 Partnership for a Drug-Free America  
 Points of Light Foundation  
 Prevent Child Abuse America  
 Recording Artists, Actors and Athletes Against Drunk Driving  
 Save the Children USA (Do Good. Mentor a Child.)  
 The Reiner Foundation/Families and Work Institute (Early Childhood Develop-  
 ment)  
 YouthBuild  
 YMCA  
 YouthNOISE

*Government Agencies*

Administration for Children and Families/Health and Human Services (Parental  
 Responsibility)  
 Americorps/Corporation for National Service  
 Center for Substance Abuse Prevention/Health and Human Services  
 Center for Substance Abuse Treatment/Health and Human Services  
 Centers for Disease Control, Office on Smoking and Health  
 Maternal and Child Health Bureau/Health and Human Services (Healthy Start)  
 Library of Congress  
 National Council on Alcohol and Drug Dependency  
 National Institute on Alcohol Abuse and Alcoholism  
 National Institute on Drug Abuse  
 National Institute of Environmental Health Sciences  
 Office Of National Drug Control Policy  
 President's Council on Physical Fitness and Sports  
 RI Dept. of Mental Health, Retardation and Hospitals/Division of Substance  
 Abuse (U.S. Department of Justice, Office of Juvenile Justice and Delinquency Pre-  
 vention)  
 Substance Abuse and Mental Health Services Administration/Health and Human  
 Services  
 U.S. Army—Operation Graduation Campaign  
 U.S. Department of Transportation—Drunk Driving Prevention Campaign

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QUESTIONS SUBMITTED TO JOHN WALTERS

QUESTIONS SUBMITTED BY SENATOR BYRON L. DORGAN

CREATIVE COSTS

*Question.* In our meeting last week, you requested a carve out to begin funding the creative costs associated with the media campaign.

What aspect of the campaign would you take from in order to pay for creative costs?

*Answer.* ONDCP would work with the Subcommittee to identify funding from within the Campaign appropriation to fund any creative costs.

*Question.* It was the intent of the authorizers that the creative side of this campaign be shouldered by the private sector and those who had expertise in the field. Why do you want to pay for a service that you presently receive pro bono?

Answer. On February 26, 2002, the Campaign convened a Task Force to examine strategic issues affecting Campaign performance, especially issues related to: (1) revisions to the ad testing protocol; (2) reassessing the youth age target; (3) the appropriateness of our youth message strategies; and (4) the creative development process.

Ruth Wooden, former President of the Ad Council and a member of the Campaign's Behavior Change Expert Panel (BCEP), chaired the Task Force. Other participants included representatives of the Partnership for a Drug Free America (PDFA), an advertising creative director who is a member of PDFA's Creative Review Committee, a senior Ad Council executive, other members of the BCEP, members of ONDCP's contract advertising agency, and ONDCP Campaign staff. The Task Force completed its work prior to the recent Wave 4 results reported by Westat and it had the benefit of numerous performance indicators from previous Westat reports and other authoritative sources of youth drug use data (including the National Household Survey on Drug Abuse).

The Task Force convened a specific Working Group, which examined the current creative process and recommended revisions that would achieve maximum efficiency of time and cost effectiveness. Task Force members agreed on new measures that allow ONDCP earlier visibility and involvement in the creative development process. This will give ONDCP the opportunity to advise PDFA of its views on new ads being developed in the earliest concept stages.

Before Congress created a paid anti-drug media campaign, PDFA successfully created and implemented a process that relied solely on a pro-bono support campaign, in which volunteer ad agencies donate their services to deliver anti-drug messages to youth. However, since the advent of a paid Campaign, the reliance on a pro bono process to deliver the Campaign's advertising products has proven less than fully effective in meeting the Campaign's needs. While the pro bono system can supply many of the Campaign's needs, it cannot meet all of the broad requirements and high operational tempo of a paid, sophisticated ad campaign.

For example, for this fall's important launch of ONDCP's marijuana initiative, PDFA was able to recruit two major ad agencies willing to create ads. However, both agencies said they could only create TV and radio ads. For this initiative, ONDCP needs a complementary ad campaign comprised of ads for TV, radio, magazines, billboards, bus shelters, mall panels and the Web, with all ads linked by common design features. We are now looking for a way to fill these creative gaps, but with lead-times short for a fall launch, we may not be able to do it. Furthermore, PDFA has not been able to obtain pro bono production of the multicultural complement to the marijuana initiative for the Campaign's Hispanic, Asian and American Indian audiences.

ONDCP is accountable to the Congress and to the nation to produce a successful, responsible Campaign. ONDCP will take the recommendations of the Task Force and work with our pro bono partners in making modifications to the Campaign advertising development process to ensure greater efficiency and effectiveness. ONDCP has begun to implement some of these changes with regard to ONDCP's more direct involvement in briefing pro bono ad agencies that are working on new marijuana ads. ONDCP will continue, as it has in the past, to use the flexibility we have to use other means to fill unmet and important Campaign needs.

*Question.* How would you plan on obligating these funds? Would you competitively bid a contract or just provide additional resources to contractors you choose applicable?

Answer. We would task our primary advertising contractor with the creative requirement. Our primary advertising contractor has the requirement to produce ads in its contract, including the creative portion when required to fill gaps in the advertising provided pro bono by PDFA. If the ad is interactive, our contractor would produce the ad under its contract, as PDFA does not do any interactive ads. If the ad is a multicultural ad, we first would consult PDFA to ensure it could not produce the ad. If, as in the preponderance of cases in the past, they confirmed they could not produce the ad, our primary advertising contractor would task its appropriate multicultural subcontractor, first asking if it would do the ad pro bono. Most of the multicultural ads done for the Campaign were done with the subcontractor to our primary advertising contractor providing its creative work pro bono. In a minority of cases we have had to pay for creative work. If the ad were of another type, e.g., drugs and terror ads, our primary advertising contractor would undertake the creative work. In the past, it has produced our drugs and terror ads through its donated creative work.

*Question.* How many steps are involved?

Answer. Our recent Strategic Development Task Force, which included membership from PDFA as well as other expert advisors, closely analyzed the creative de-

velopment process for making new ads. They recommended a revised process which reduced the number of steps from 24 to 18.

*Question.* How many consultants, both paid and non-paid, are involved?

*Answer.* In fiscal year 2001, FISC awarded, on behalf of ONDCP, 1 contract for consulting services. PDFA is the only unpaid consultant supporting the Campaign.

#### CONSULTANTS

*Question.* According to information provided to the Committee, the media campaign paid 31 contractors and subcontractors in fiscal year 2001. This increased from 18 in fiscal year 1998.

If the goals of the campaign have remained constant for the past 5 years, as well as the funding, why has there been an enormous increase in paid consultants?

*Answer.* In fiscal year 1998, the actual number of contractors and subcontractors was 14. In fiscal year 2001, the actual number of contractors and subcontractors was 21. The increase is a result of the Campaign's multi-cultural outreach effort. The number the Subcommittee is referring to, "31 paid contractors and subcontractors in fiscal year 2001," includes not only contractors and subcontractors, but additionally includes other Federal agencies, IPAs, and consultants that have been involved with the Campaign since its inception.

*Question.* Did ONDCP attempt to get these services pro bono before contracting out?

*Answer.* Yes. It is standard practice among large advertisers and Federal agencies that have paid advertising programs to subcontract with companies that have special expertise in reaching ethnic audiences and sophisticated testing capabilities. No single agency has all of these capabilities, just as no homebuilder has all of the various capabilities needed to construct a home or building. No major paid ad campaign in the U.S.—public or private—obtains its service pro bono. The companies with whom ONDCP contracts provide essential and specialized services that are not available pro bono or among ONDCP staff.

*Question.* Was it included in the initial bidding of the advertising contract to subcontract to 12 subcontractors? If not, who decided that Ogilvy and Mather would subcontract and for how much?

*Answer.* Currently, Ogilvy has 10 subcontractors. Offerors submit subcontracting plans and proposed teams with their proposals, as required by the solicitation. However, the Government awards the contract to the prime contractor only and the prime contractor can change their subcontractors as long as they can prove that the new subcontractor is comparable to what was submitted in the prime's proposal. The prime contractor is ultimately responsible for providing service regardless whether the subcontractor does or does not do the work.

*Question.* Please provide detailed information on the billing of the 12 subcontractors to Ogilvy and Mather. What does the \$4.18 million in fiscal year 2001 pay for?

*Answer.* Ogilvy has 10 subcontractors. The \$4.18 million, in fiscal year 2001, is the total paid for services provided by subcontractors, consultants, and vendors. The breakdown is as follows:

#### *Subcontractors*

*Admerasia—\$162,983.*—Admerasia is a small disadvantaged minority-owned company, providing expertise in media buying and planning for the Asian-American audiences.

*Bromley Communications—\$327,124.*—Bromley is a large and minority-owned agency, providing expertise in media buying and planning for the U.S. Hispanic audience.

*Chisholm Mingo Group—\$374,794.*—Chisholm is a minority-owned agency, providing expertise in media planning and buying for the African American audience.

*G&G Advertising—\$323,964.*—G&G is a small disadvantaged business (Section (8) of the Small Business Act), and to the best of our knowledge is the only advertising agency, of any size, in the Nation that offers expertise in reaching the American Indian Market.

*Mendoza, Dillon & Associates—\$171,534.*—Mendoza specialized in media planning and buying for the Hispanic audience. Mendoza was replaced by Bromley. The fees paid cover labor for January only and transition services.

*Muse, Cordero, Chen, & Partners—\$213,263.*—Muse specialized in media planning and buying for the Asian and African American audiences. They were replaced by Admerasia (Asian-American) and Chisholm Mingo (African American). The fees paid cover labor for January only and transition services.

*Porcaro Communications—\$32,336.*—Porcaro, a small business located in Anchorage, Alaska, is the only advertising agency that offers expertise in reaching the Alaska Native audience.

### Consultants

*Behavior Change Expert Panel (BCEP) and Target Audience Specialists (TAS)*—\$196,070.—a panel of distinguished and experienced experts in behavioral science and target audience information. Their main responsibility is to ensure that the NYAMC is informed by the best available perspectives and insight on preventing illicit substance use among youth.

### Vendors

*Millward Brown*—\$762,904.—Conducts the Media Campaign Advanced Tracking Study, which provides ongoing input to guide tactical and strategic campaign decisions.

*Strategic Message Specialist*—\$3,750.—Independent evaluator for match programming.

*Competitive Media Reporting*—\$690,000.—Helps ensure measurement and accountability of the pro bono match delivery of the NYAMC in accordance with the Congressional requirement to provide the pro bono match that shall “supplement and not supplant” public service advertising provided by the media industry.

*Qualitative/Formative Creative Evaluation Panels (FCEPs)*—\$272,145—*various vendors*.—Qualitative research to refine and enhance the creative product during the development process. The cost includes recruitment, execution and completion of approximately 100 focus group sessions in a year, as well as supplier fees. This also include FCEPs for interactive advertising.

*Quantitative Creative Evaluation (Copy Testing)*—\$434,265—*various vendors*.—Undertaken to evaluate finished creative concepts for all target audiences and determine the effectiveness of creative product for use in the Campaign. The cost includes recruitment, execution, and completion of between 15 and 20 individual copy tests as well as supplier fees.

*Multicultural Research*—\$214,816—*various vendors*.—Qualitative research among Hispanic and Asian American youth about a broad range of drug and non-drug related issues. In particular, we were interested in obtaining feedback on the efficacy of the various anti-drug strategic platforms available to target Hispanic and Asian American youth. We were also interested in obtaining a better understanding of the tools that can be used to avoid drug usage.

*Question.* Who decides on a subcontractor, ONDCP or the prime contractor? Is it included in the prime’s initial bid for the contract? Please provide detail for each contract.

*Answer.* Offerors submit subcontracting plans and proposed teams with their proposals, as required by the contract. However, the Government awards the contract to the prime contractor only and the prime contractor can change their subcontractors as long as they can prove that the new subcontractor is comparable to what was submitted in the prime’s proposal. The prime contractor is ultimately responsible for providing service regardless whether the subcontractor does or does not do the work. ONDCP has no privy specific agreements between Ogilvy & Mather and its subcontractors.

*Question.* Where, when, and how was it decided to spend funds on consultants who specialized in groups such as Alaskan natives and Puerto Ricans?

*Answer.* Unlike a typical consumer product advertising campaign where messages are directed toward a particular audience capable of purchasing a product, ONDCP’s Campaign attempts to reach all American teens and their parents, and other adult influencers. Research indicates that Alaskan Natives and Puerto Ricans are among the populations at great risk. ONDCP made this decision in 1997–98, after consulting with experts in the drug prevention, public health, and communications fields. Our advertising contractor subcontractors with two companies with specialized expertise in reaching these audiences. The U.S. Census Bureau, Centers for Disease Control, and other government advertisers have similar subcontractors because it enables them to accomplish the mission of their campaigns.

*Question.* Why do you fund more than one subcontractor to focus on Hispanic Americans, Asian Americans, and African Americans? Also, why does both Ogilvy and Mather and Fleishman Hillard subcontract to focus on these groups?

*Answer.* Ogilvy subcontracts with ethnic agency companies to plan and purchase advertising in media outlets intended to reach Hispanic Americans, Asian Americans, and African Americans. Most advertising agencies do not have such specialized expertise, and therefore subcontract with companies that possess extensive experience in placing advertising in ethnic media. It is more efficient and cost-effective to place media in this manner.

Fleishman-Hillard subcontracts with companies that have specialized expertise in reaching hard-to-reach audiences, in addition to ethnic organizations and community groups. These organizations are essential to our efforts to reduce drug use

among multicultural youth, and their expertise is necessary to gain ethnic audience involvement and credibility. This is especially important for those multicultural audiences who are not reached by in-language media because in order to reach and motivate these groups, the messages must be seen as relevant and “endorsed” by groups they know and in which they have confidence. Subcontractors who have expertise in creating advertising for multicultural audiences rarely have experience in working with community groups representing these populations. Therefore, acquiring such special expertise is necessary to effectively engage these groups, such as National Asian Pacific American Families Against Substance Abuse, ASPIRA, National Congress of Black Churches, 100 Black Men of America, etc. Without the involvement of such organizations, the Campaign would not have the necessary relevance and credibility essential to reach multicultural youth with effective messages and community-level activities. Some of the audiences targeted by the Campaign are reached more efficiently by non-advertising programs than they would be by advertising.

*Question.* Why was Fleishman Hillard chosen for the communications contract?

*Answer.* The Department of Health and Human Services, which earlier served as the Contracting Office for ONDCP, selected Fleishman Hillard in a free and open competition. The proposal, based on the technical approach, the capabilities of the firm and its subcontractors, staff, and experts identified for this work was the best value to the government. In particular, the proposal included an exceptional project director with extensive experience in health behavior change in relevant areas such as tobacco and HIV/AIDS.

*Question.* Why was the contract for 5 years when most private industry ad campaigns hire public relations firms on a year to year basis?

*Answer.* The Fleishman Hillard contract is a 1-year contract, with 1-year options, up to a maximum of 5 years, based on performance. This type of contract provides the government with the most flexibility and best means to ensure cost-effective contractor performance for the duration of the Campaign. Further, it maximizes synergy with the advertising component of the Campaign. One-year contracts would require that the government hold a re-competition each year, taking valuable staff time and funds away from the Campaign, with no assurances of contractor continuity from 1 year to the next, thus decreasing overall effectiveness of the Campaign. Given the complexities of the Campaign and the sensitivity of the drug prevention issue, hiring a new contractor each year would require huge amounts of start-up time. The current contractor has performed well.

*Question.* Under research and evaluation, please break down the details of the annual \$7 million contract to Westat/Annenberg.

*Answer.* The approximately \$7 million per year (for 5 years) from ONDCP to NIDA is to support a contract awarded from NIDA to Westat for the full evaluation of the Campaign. Westat has a subcontract with Annenberg and together they conduct and analyze the evaluation. The contract includes data collection, analysis, and report generation for the project whose core study is a longitudinal assessment of approximately 14,000 youth and parents from 90 communities across the country.

*Question.* Please break down the annual \$2.5 million contract to NIDA.

*Answer.* The annual \$2.5 million funding from ONDCP to NIDA was used to fund research grants on persuasive communications. There were a total of five grants and five supplements to the grants. The studies funded under this initiative were designed to better inform drug abuse prevention efforts through improved understanding of the ways children and adults respond to media messages. These studies should provide the basis for improving prevention efforts in the future. ONDCP funded the studies for 1998 through 2001, but due to budgetary constraints have been unable to fund the final year of the projects in fiscal year 2002.

#### PRODUCTION COSTS

*Question.* According to your agency, the costs for producing a TV commercial range from a few thousand dollars to \$600,000.

Please provide details for the production costs associated with a \$600,000 commercial?

*Answer.* To clarify the statement made by my staff, \$600,000 has never been spent on a single commercial for the Campaign. That figure may have been derived from the cost of a pool of commercials. Several factors will ultimately affect the final production costs of a commercial. The type, location, number of actors, and number of shooting days will all affect the final cost. According to the American Association of Advertisers, the average cost of a 30-second commercial for any product in fiscal year 2000 was \$332,000. ONDCP's average cost for the NYADMC has been less than half of that amount. Typical costs will include pre-post/wrap, shoot, pre-post/

wrap materials & expenses, location expenses, props and wardrobe, studio rental & expense—stage, set construction crew, set construction materials, equipment rental, film raw stock develop and print, director fees, talent, talent expenses, editorial completion, videotape production, and completion.

*Question.* What services and talent are provided pro bono?

Answer. Under the pro bono system, all creative services, talent session fees, and residuals are donated. The use of all owned equipment used in the production of ads also is pro bono. Kodak provides a 20 percent discount on all film used in Campaign ad production.

*Question.* Where do the subcontractors fit in production costs? Are these costs broken down in the billing?

Answer. Subcontractors fit in production costs only when they are producing the ad. If the ad is already produced, their role is limited to purchasing media time and space. Production costs are billed to us as either prime contractor production costs (with detailed breakout) or subcontractor production costs. The subcontractors do not provide a detailed breakout of production costs.

*Question.* How does the media campaign production costs compare to the private sector?

Answer. The Campaign's production costs for the average 30 second television ad (television is the largest component of all production costs) are less than half the typical industry cost of \$332,000, according to a survey of the American Association of Advertising Agencies. The government pays for only out of pocket costs, not mark ups or profits.

#### OGILVY AND MATHER

*Question.* Is your agency seriously considering awarding another contract to Ogilvy and Mather for the media campaign?

Answer. The contract is being re-solicited in an open competition with award expected in early July. Ogilvy has corrected its deficiencies and is legally able to submit an offer.

*Question.* Given the fact that Ogilvy and Mather has admitting wrongly billing the government as part of its work on the media campaign, why would you consider providing public dollars to this company?

Answer. The contract is being re-solicited in an open competition with award expected in early July. Ogilvy has corrected its deficiencies and is legally able to submit an offer.

It should be noted that ONDCP Campaign personnel were instrumental in discovering Ogilvy's billing problems and in withholding payment of questionable bills. Nonetheless, ONDCP made significant strides to improve oversight. ONDCP moved responsibility for contract administration to the Navy from the Department of Health and Human Services. The Navy engaged the DCAA to review invoices and perform audits. Additionally, key media staff received Contracting Officer's Technical Representatives certification, thereby enhancing oversight capabilities.

Prior to re-soliciting a new contract, ONDCP and the Navy conducted market research to determine whether any entities capable of providing the advertising services also had in place a DCAA approved accounting system. Market research indicated a number of companies met these prerequisites. Consistent with the Federal Acquisition Regulation, the Navy will only award the contract to an entity with an accounting system pre-certified by DCAA.

*Question.* If a criminal investigation—which I understand is currently being conducted by the FBI—determines further wrongdoing on the part of Ogilvy or its employees, would you still permit Ogilvy to compete for the next contract or allow them to be considered?

Answer. If future facts come to light concerning the fitness of the contractor to perform, ONDCP will take these matters up with the appropriate contracting and debarment authorities.

*Question.* Who is the current Federal government contract manager of the media campaign?

Answer. The Department of the Navy.

*Question.* Why does not ONDCP itself manage the contract?

Answer. The contract administration capacity of the Executive Office of the President is not sufficient to handle a contract of this size and complexity in addition to its normal responsibilities.

*Question.* Doesn't this add yet another layer of bureaucracy to an already overly bureaucratized program?

Answer. Recognizing that some process improvement/streamlining can and will be made, ONDCP does not believe that the Campaign is overly bureaucratic. However,



the same amount of contract management activity is required whether it is performed by the contracting office of the EOP or the Navy.

*Question.* Are you switching contracts from the Navy because you are dissatisfied with their performance in managing the contract?

Answer. No. The Fleet Industrial Supply Center (FISC) made a determination that it will no longer act as a contracting activity for any Federal agency other than itself. This decision affected ONDCP as well as various other organizations. If we transfer contract administration to the Department of Interior, arrangements have already been made to retain DCAA (in fact the very same individuals will work on the account).

#### PRO BONO

*Question.* What happened to the one for one pro bono match mandated by the Authorization and the fiscal year 1999 Appropriations Report and Bill?

Answer. The Pro Bono match mandate is still in place, and all vendors must continue to give at least one dollar for every dollar spent.

Per the Campaign's authorizing legislation, Congress mandated that every Federal dollar spent on paid advertising as part of the Campaign must be matched by media outlets on at least a one-for-one dollar value basis. The Pro Bono match program helps to ensure the preservation of the traditional donated media model of public service advertising.

Through negotiation by the Campaign's contractors, the Campaign exceeded the one for one Pro Bono match requirement. Specifically, for the period beginning January 1998 (the initiation of the 12 market test) through September 2002, the total value of the Pro Bono match secured on behalf of the Campaign is projected to reach \$665 million. The overall match has an index of 107 versus paid activity of \$618 million, meaning an additional \$47 million of free media space and time above and beyond the one for one mandate will be received by the Campaign.

*Question.* How was it decided to expand the program to include ads other than anti-drug?

Answer. All advertising time used from the pro bono match is exclusively for drug-related advertising submitted by non-profit and government agencies and judged by an interdepartmental group to be directly relevant to the youth drug prevention goals of the Campaign, based upon established criteria. The group, which includes representatives of the Departments of Health and Human Services, Office of Juvenile Justice Prevention, Department of Education, PDFA, Ad Council and ONDCP is overseen by the Ad Council. The pro bono match is generating \$665 million in contributions, as projected through September 2002, actually exceeding the congressional mandate of a 1:1 match.

Please note that since the beginning of the Campaign, the original intent of the broadcast and radio pro bono Media Match was not to support the "core" PDFA messages (although PDFA continues to receive a large share—approximately \$80 million in the past year—of all pro bono time and space), but rather, to promote and support PSAs from grassroots organizations that provide essential drug treatment and prevention programs and social services in local communities.

In fiscal year 1998, when Congress first appropriated funding for the Campaign, ONDCP, in concert with its media buying contractor, devised a negotiation policy for the purchase of media time and space. The policy required media outlets to match each Federal dollar spent for ad time or space with an equivalent amount in public service or in-kind donations. The policy was specifically developed to address two congressional stipulations about the Campaign—(1) promote private sector participation in the Campaign and (2) ensure that the Campaign supports, not supplants existing public service advertising networks.

The Ad Council was particularly concerned about the second issue and feared that the Campaign would contribute to the decline of public service time slots, making it more difficult for public health organizations to obtain visibility for their messages. Prior to the Campaign launch, the Ad Council and other public health organizations urged Congress to ensure that Campaign dollars not jeopardize existing public service time, which had been steadily declining. They recommended that the public service time that would be donated by media (the pro bono match) be shared with other organizations so as to ensure that the Campaign's media buying would not undermine existing public service messages. Additionally, the public health and drug prevention communities forcefully articulated the connection between youth drug prevention and a range of youth-related issues—underage drinking, parenting skills, after-school programs, drug treatment, youth hotlines, etc.

The negotiating policy was far more successful than anyone had anticipated, with media outlets providing a 107 percent match for each Federal dollar (although some

media outlets would not provide a match). When Congress authorized the Campaign in the summer of 1998, it mandated a “match” as a stipulation of Federal dollar purchase. It was no longer a negotiation policy. Both our advertising contractor and the Ad Council indicate that a number of media outlets would not provide a 100 percent pro bono match if they believed the time would be used exclusively for anti-drug ads.

These PSAs fill a critical void in the Campaign because they offer fulfillment on a local level to the national core messages that are prepared by PDFa for ONDCP. The PSAs are sponsored by credible grassroots and government organizations all across America, such as: Big Brothers Big Sisters of America; Girl Scouts of the USA; America’s Promise; YMCA; Boys & Girls Clubs; National Mentoring Partnership; National Crime Prevention Council; Save the Children; Alanon/Alateen; Center for Substance Abuse Prevention (CSAP); Center for Substance Abuse Treatment (CSAT); Mothers Against Drunk Driving (MADD); National Council on Alcohol and Drug Dependency (NCADD); National Fatherhood Initiative; National Inhalant Prevention Coalition; National Institute on Alcohol Abuse and Alcoholism (NIAAA); National Institute on Drug Abuse (NIDA); Community Drug Prevention PSA Campaign (ONDCP/Ad Council); Partnership for a Drug-Free America; Recording Artists, Actors and Athletes Against Drunk Driving (RADD); Substance Abuse and Mental Health Services Administration (SAMHSA/HHS); and U.S. Dept. of Transportation/Drunk Driving Prevention.

The media have always had the option to run more PDFa ads to satisfy their match requirement. PDFa ads have appeared in every quarterly reel to date. However, the media’s support of the Campaign and its pro-bono match has always depended on their ability to remain flexible in selecting messages that they feel best contribute to reducing youth drug use, and those that best meet the needs of the audiences they serve.

The media match fully supports anti-drug treatment and prevention messages (both paid and PSAs) that have been prepared, primarily by PDFa and ONDCP, as well as other non-profit and government organizations that helping to keep kids drug-free. More than 60 percent of all pro bono time and space is devoted specifically to ads that have specific substance abuse messages. The remainder includes messages for prevention and parenting strategies (after-school programs, mentoring, etc.) of the organizations like those noted above.

All of the advertising is provided free to the Campaign (except those produced via the Partnership for a Drug Free America and the Campaign—where ONDCP pays for the production costs), and the great majority of ads (76 percent) specifically include anti-drug messages. Of the other free ads provided from the pro bono match that are not specifically anti-drug, they all directly relate to the goals of the Campaign by encouraging activities such as greater parental involvement, after-school programs, raising young people’s self-esteem, mentoring, and other relevant youth related issues such as underage drinking and juvenile crime.

*Question.* How can we move towards getting more anti-drug commercials included in the match, while still including other germane organizations?

*Answer.* Currently, all of the commercials in the match are directly related to preventing youth substance abuse (although not necessarily conveying specific anti-drug messages). The ads are selected by a panel of public health and drug prevention experts including representatives of HHS, DOJ, Department of Education, ONDCP, PDFa and the Ad Council. Approximately 60 percent of the value of the ads run in the pro bono match are specifically related to substance abuse. The remainder consists of messages promoting after-school activities, good parenting skills, youth hotlines, mentoring, and other topics judged to support the goals of the Campaign.

#### WESTAT

*Question.* Is it true that there were only seven girls in the cohort who were more likely to try marijuana due to exposure to the campaign? If so, why was that not defended in the hearing?

*Answer.* No. The size of this subgroup of respondents is in fact several hundred and conforms with scientific sampling standards to ensure a statistically valid result. As noted previously, NIDA indicates that this unfavorable effect should be viewed as an interim result. It will be important to determine if this finding holds up once the full sample is available following completion of Wave 5 data collection.

#### AUTHORIZATION

*Question.* What were the original reach and frequency goals of the campaign, and what were to be the measurable outcomes?

*Answer.* The original reach and frequency goals of the Campaign were 90 percent reach with 4.0 frequency/week for teens 12–17, and 74 percent reach with 3.5 percent frequency/week for Adults 25–54. The measurable outcome would be to the extent the Campaign contributed to reducing drug use among youth.

*Question.* Would you equate a “measurable outcome” with a “measure of success”?

*Answer.* The measure of success that we are using for all drug control programs is whether they are contributing to achieving the President’s goal of reducing drug use by 10 percent in 2 years and 25 percent in 5 years.

*Question.* In your opinion, has the campaign been successful in attaining these goals and outcomes?

*Answer.* The Campaign successfully has exposed its target audience to anti-drug ads. Specifically, awareness of anti-drug advertising and anti-drug brand recognition have both increased significantly since the Youth branding campaign was launched in August 2000. Ad awareness went from 37 percent to 71 percent (as of week ending 6/16/02); anti-drug logo awareness went from 10 percent to 54 percent (for the same period).

There is evidence consistent with a favorable Campaign effect on parents. Overall, there were statistically significant increases in four out of five parent belief and behavior outcome measures including talking about drugs with, and monitoring of, children. Parents who reported a higher level of exposure to Campaign messages scored higher on those outcomes; however, there is no evidence yet that youth behavior was affected as a result of parent exposure to the Campaign.

Most parents and youth recalled exposure to Campaign messages, with about 70 percent of both parents and youth recalling exposure to one or more messages through all media channels each week. In 2001, about 68 percent of youth aged 12 to 18 recalled the Campaign brand phrase targeted to youth and 55 percent of parents recalled the brand phrase targeted at parents.

Unfortunately, the recent Westat evaluation demonstrates that the Campaign is not having a measurable positive impact on the most important measure of success—reducing drug use among youth. ONDCP is confident that the modification proposed to the Campaign will, in fact, enable the Campaign to become effective and contribute to achieving the president’s goals.

#### QUESTIONS SUBMITTED BY SENATOR BEN NIGHTHORSE CAMPBELL

*Question.* Director Walters, the most recent evaluation seems to say that the anti-drug media campaign had some positive effects during the first 3 years but, frankly, it has been hard for us to tell due to the lack of concrete information from ONDCP. In any event, you have gone on record as saying that the current program does not work, and you have outlined some steps to make it better. However, I feel compelled to ask this.

Is it possible that the young people of this country are not paying attention any more because the “newness” of the idea of an anti-drug media campaign has simply worn off?

*Answer.* There is no evidence that the “newness” of the Campaign has worn off. Specifically, awareness of anti-drug advertising and anti-drug brand recognition have both increased significantly since the Youth branding campaign was launched in August 2000. Ad awareness went from 37 percent to 71 percent (as of week ending 6/16/02); anti-drug logo awareness went from 10 percent to 54 percent (for the same period).

Total teen awareness for the entire drugs and terror campaign reached an impressive 78 percent in early May, with older teens peaking at 86 percent, an impressive and unusually high level of awareness for such a young campaign and significantly exceeding the 70–75 percent communication goal. The drugs and terror campaign also achieved an impressive 66 percent advertising recognition among Adults.

The parental outcomes measured in the Westat study indicate that the Parents campaign is taking hold, changing behavior and cognition. From 2000 to 2001, there was a significant increase among parents in talking behavior, talking cognition, monitoring behavior, and monitoring cognition.

According to Westat, annual drug use among current 16–18 year olds (who were 12–13 years old at the start of the Campaign) showed a solid (albeit directional) decline versus Wave 1: from 28.9 percent to 26.1 percent. While we acknowledge that behavior change among Youth takes time, we believe we can strengthen that effort by refining the strategies and developing even more impactful initiatives targeting marijuana (as well as a new round of communications underscoring the link between drugs and terror that will be forthcoming).

*Question.* If that is the case, what ideas do you have for something new?

**Answer.** Since awareness is not an issue, we believe young people are paying attention to the Campaign. That said, we want to ensure that youth continue to be engaged in the message by imbuing the Campaign with sharper focused messages, and continuously introducing “news” such as drugs and terror, and countering their beliefs about marijuana being a “soft” drug with new negative marijuana consequences messages. Early evidence suggests this will be successful: new negative consequences marijuana messages slated for Fall are very compelling among all teens in qualitative research and a recently produced negative consequences marijuana execution showed a significant positive impact on anti-drug beliefs among youth in quantitative research.

**Question.** Director Walters, in your prepared remarks you outline four specific things you plan to do to put the anti-drug media campaign back on track—test all ads, concentrate on the 14–16 age group, focus on marijuana, and become more involved in the development of ads.

What assurances can you give us that these steps will result in reduced drug use by our kids?

**Answer.** We have studied these issues thoroughly. We have learned a great deal from the evaluation of the Campaign up to this point. The measures we announced are backed by months of work by our Strategic Development Task Force. We have consulted and considered the views of those who have done social marketing campaigns addressing other behaviors. We believe we have put in place the correct campaign parameters to achieve positive results.

**Question.** Is that all that needs to be done?

**Answer.** No, we also need to have excellent campaign execution. We need to manage the many mechanisms of the total effort to make sure we get optimum performance. Finally, we need the support of the Congress to fund fully the President’s fiscal year 2003 request of \$180 million for the Campaign and permit continued flexibility in how ONDCP allocates the appropriated funds.

**Question.** Director Walters, I’d like to take these four specific things one at a time and get some more information:

Testing—how are ads tested now and exactly what do you plan to do differently?

**Answer.** All TV ads will be thoroughly tested (qualitatively and quantitatively) before they are aired, based on a higher standard that we will develop after consulting with experts and our pro bono partners.

**Question.** Age focus—you say that the general focus will be kids 9–18 but that the target group will be in the 14–16 age group. Since the issues and interests of each group are so different, how can you do it all and still target one?

**Answer.** For our youth target audience, we can only purchase media time and space in a category for teens age 12–17. Advertising messages with specific appeal to segments of the teen audience can be rotated in programs and print vehicles that skew to specific segments. For example, we reach younger teens (12–14) with “Seventh Heaven” which is highly rated against this segment.

**Question.** Focus on marijuana—does this mean that there will no longer be ads warning kids to stay away from such things as ecstasy and date-rape drugs?

**Answer.** Marijuana use is the single most prevalent drug used by America’s youth. According to the most recent findings from the 2000 National Household Survey on Drug Abuse, 7.2 percent of youth (ages 12–17) reported that they are “current” users of marijuana. Of those same youth, only 0.6 percent report current use of cocaine, and only 0.1 percent report current use for heroin. In the same survey 18.3 percent of youth (ages 12–17) reported using marijuana in their lifetime, with 2.4 percent using cocaine and 0.4 percent using heroin.

Other troubling statistics relating to youth and marijuana are:

- Perceived harmfulness of smoking marijuana regularly decreased among 8th graders from 74.8 percent in 2000 to 72.2 percent in 2001 (Monitoring The Future).
- Early adolescent marijuana use is related to later adolescent problems, such as lower educational achievement, according to a study published in the American Journal of Public Health in 1999.
- More than 3,800 youth aged 12 to 17 tried marijuana for the first time every day in 1999 (the latest year for which data are available) (National Household Survey on Drug Abuse).

As we look to achieve better results, it is clear that we cannot expect to make progress toward our goal of reducing youth drug use until we significantly reduce the use of marijuana, the preponderant drug of choice among youth.

However, fiscal year 2002 Conference report language directed the Campaign to allocate \$5 million (out of the \$180 million appropriated) “for advertising time and space specifically targeted at combating the drug Ecstasy.” ONDCP intends to base

this effort on anti-ecstasy television ads already developed by the Partnership for a Drug Free America.

This anti-ecstasy advertising will be directed toward youth and will appear on popular youth-oriented network television programs on the key networks that youth watch most, such as WB, MTV, UPN, ESPN, Fox, and Much Music. Programs may include shows such as WB's ("Seventh Heaven," "Gilmore Girls," "Dawson's Creek,") UPN's ("The Hughleys," "Wolf Lake," "The Parkers"); MTV's ("Real World," "WWF Heat"); Fox's ("Mad TV," "Family Guy"); ESPN's Sports Center; and Much Music's ("Live at Much Music," "Oven Fresh"). These programs air in primetime (8–11 p.m.) and late night (11:30 p.m.).

The above schedule is based on ONDCP's April-June 2002 planned television schedule. Actual programs airing ecstasy advertising will vary depending upon availability and scheduling and will air between June and September 2002.

*Question.* Development process—right now ONDCP utilizes the voluntary efforts of various non-profit groups to create and develop ads. Will the direct involvement of ONDCP reduce the amount of money available for actually purchasing ad space and time?

*Answer.* The Task Force convened a specific Working Group, which examined the current creative process and recommended revisions that would achieve maximum efficiency of time and cost effectiveness. Task Force members agreed on new measures that allow ONDCP earlier visibility and involvement in the creative development process. This will give ONDCP the opportunity to advise PDFA of its views on new ads being developed in the earliest concept stages.

A positive illustration of flexibility and early involvement of ONDCP in the ad development process was recently illustrated when Campaign staff worked directly with our contract ad agency to develop ads specifically designed and tested for Native American audiences, and ads that for the first time link drug money with the support of terror. In both cases, ONDCP was involved early in the creative development process, and the creative team became thoroughly educated about the Campaign. In these cases, the ads were possible through the donated created services of our contract agency.

ONDCP will take the recommendations of the Task Force and work with our pro bono partners in making modifications to the Campaign advertising development process to ensure greater efficiency and effectiveness. ONDCP has begun to implement some of these changes with regard to ONDCP's more direct involvement in briefing pro bono ad agencies that are working on new marijuana ads. ONDCP will continue, as it has in the past, to use the flexibility we have to use other means to fill unmet and important Campaign needs.

ONDCP does not believe it would have to purchase all creative work. However, if a worst-case scenario developed, we estimate it would cost no more than \$10 million to do so. ONDCP would work with the Subcommittee to identify funding from within the Media Campaign appropriation to fund any creative costs.

*Question.* Director Walters, the anti-drug media campaign was originally authorized for 5 years. That time is up.

What is the status of the reauthorization of this project?

*Answer.* The Campaign is an important tool in reducing youth drug use to meet the goals of the National Drug Control Strategy and it should be reauthorized. ONDCP is working with authorizing committees and individual members in both houses to prepare a reauthorization measure.

*Question.* What statutory changes, if any, have you requested to overhaul this program?

*Answer.* ONDCP has not yet requested any statutory changes.

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#### QUESTIONS SUBMITTED BY SENATOR JACK REED

##### NON-AD PROGRAMS

*Question.* How do non-advertising components fit into your overall plan for the campaign? (behavioral, community outreach or PR programs).

*Answer.* The non-advertising communications component of the Campaign (approximately \$11 million per year) is an integral part of the advertising. Each ad includes a website where an individual can go to obtain additional information. The parent ads have phone numbers that link to a national clearinghouse where operators can assist callers seeking materials, resources, or even emergency treatment.

While advertising is good at raising awareness, meaningful drug prevention must include more substantive involvement of the audiences. A 30-second TV ad needs to connect the viewer to sources of further information and relevant resources, such

as a toll-free telephone number or website. A youth may want to search for information on specific drug risks, or a parent may want more details on how to recognize signs of drug involvement or need to know the location of a local anti-drug coalition. To date, the Campaign has responded to well over 2 million telephone calls, has gotten tens of millions of web site visitors, and has shipped tons of drug education materials, reaching virtually every ZIP code in the Nation with requested information. Advertising alone cannot respond to individuals' needs for tailored information and referrals to local prevention and treatment organizations.

The Campaign utilizes a public communications outreach effort which builds on and complements the advertising component. Significant efforts under this "non-advertising" component include a public information campaign that directly supports our advertising messages and builds credibility for the Campaign, a robust partnership initiative that expands the collective communications output of the Campaign by building relationships with a wide range of private sector media organizations and nonprofit organizations committed to the goals of the Campaign. Pursuant to Congressional direction and ONDCP's extensive consultation process, the Campaign has evolved to include the following:

*Multicultural Component.*—ONDCP developed a robust multicultural component to the Campaign, with ads and outreach materials created in a variety of languages, based on dedicated research to identify the unique cultural differences in the way drugs are regarded by African American, Hispanic, American Indian and Alaska Native, and multiple Asian and Pacific Islander ethnic groups. For example, "LaAntiDroga.com" provides parents and other adult caregivers with strategies and tips in Spanish on raising healthy, drug-free children. Free e-mail parenting tips are available in Spanish and a parenting brochure is under development. This summer, the Campaign is publishing updated brochures on marijuana and inhalants in Korean, Cambodian, Chinese and Vietnamese.

*Grassroots Outreach.*—ONDCP established grassroots programs that broadened our message delivery nationwide through professional, nationwide, public communications outreach and support to community anti-drug coalitions, civic organizations, parenting and youth serving organizations, entertainment media, and faith organizations.

*Corporate Participation.*—ONDCP is reaching out to corporate America and receiving valuable support in extending the Campaign's messages through the marketing and communications programs and networks of some of the Nation's best-known companies. For example, Safeway is reaching customers in more than 1,700 grocery stores and Capital One is including anti-drug messages on 20 million billing statements. Borders and Waldenbooks will distribute the Campaign's parenting brochures in over 1,000 stores. The Campaign's "Work" program provides employers easy access to drug prevention materials for dissemination to employees. Blue Cross Blue Shield and AT&T are participating in the Campaign's Work program by heavily promoting Campaign messages and materials to their tens of thousands of employees.

*Interactive Programs.*—ONDCP created sophisticated Interactive communications programs, including effective Internet destinations where parents and youth can receive factual, research-based information about drugs. With nearly 17 million youth ages 12–17 using the Internet regularly, the Campaign has devoted significant resources to developing and promoting online anti-drug information. The Campaign's suite of nine Websites has garnered over 35 million page views. Freevibe.com, which helps youth understand the dangers of drugs, has attracted over 7 million visitors since its launch in the Fall of 1999. Site visitors now are spending an average of 8–9 minutes surfing anti-drug information compared to an average of 3–4 minutes when we launched Freevibe.com 3 years ago. TheAntiDrug.com, which provides parents and other caring adults with strategies and tips on raising drug-free children, has attracted over 3 million visitors.

*Support for Public Service Advertising.*—The Campaign designed and operates a system to lend support to other public service advertising through the Advertising Council. The system works by designating pro bono broadcast ad time provided by media outlets in fulfillment of the Campaign's statutory obligation to obtain a dollar's worth of in kind public service for every dollar's worth of advertising the Campaign purchases. Through this system, more than 60 non-profit organizations and other government agencies have received prime time network and cable positions for their public service advertising that carries anti-drug messages or messages supporting underlying values such as effective parenting, youth mentoring, after school programs, or education. More than \$370 million-worth of television and radio ad support for these organizations and their messages has been provided through the Campaign.

*Promote Community Anti-drug Coalitions.*—Also through the Ad Council, the Campaign conducts a public service advertising campaign dedicated solely to promoting the growth and effectiveness of community anti-drug coalitions, which by itself has garnered more than \$121 million in donated media for its ads.

*Question.* How much money is in your budget for non-advertising programs?

Answer. Over the course of the Campaign, ONDCP has spent 87 percent of its appropriated dollars on advertising. Advertising includes media time and space for ad placement (87.2 percent), production (6.1 percent), direct labor (2.6 percent), overhead (3.0 percent), and fixed fees (1.1 percent). Of the 13 percent that is not devoted to advertising, 6 percent is for evaluation and research, 4 percent is for integrated communications, 2 percent for Clearinghouse operations, 1 percent is for the communications strategy/corporate participation, and 1 percent is for ONDCP management costs (percentages may not add due to rounding).

*Question.* In a normal campaign to affect behavior, what's the typical breakdown of advertising vs. non-advertising spending?

Answer. It is common practice in paid behavior change campaigns to spend far less on advertising than what is currently spent on advertising by ONDCP. The public health community and other media campaigns that focus on behavior change, along with research on these efforts, indicate that messages must come from multiple sources in the environments of those whose behavior is being targeted. For adolescents, this means that in addition to advertising, youth should receive messages from parents, coaches, the faith community, schools, and in the after school programs and organizations that attract their participation (Scouts, YMCAs, etc.).

In addition, messages in pop culture via the Internet, television programming, films, etc. should also include these messages. There is no formula for the split between ads versus other non advertising communication, but the American Legacy Foundation (focusing on youth anti-tobacco efforts) and the Center for Disease Control's media campaign on youth physical fitness each spend less than 60 percent of their budgets on advertising—ONDCP spends 87 percent. To change behavior, whether convincing a baby boomer to submit to a colon cancer checkup or changing youth attitudes about drugs, messages must not only be powerful and resonate with the audience they are intended to reach, they must come from a variety of influences in the environment of those whose behavior is targeted for change. Today's youth watch less television than the youth of 15 years ago. We need to reach them where they are.

*Question.* Can you change behavior with advertising alone?

Answer. No, neither ONDCP nor the public health community believes that the Campaign can attain its goal of reducing drug use among youth with advertising alone. In authorizing the structure of the Campaign, Congress made clear that ONDCP should develop an integrated comprehensive public health communications campaign—not merely an advertising effort. [21 U.S.C. §1802 (a)(1)(h)] ONDCP committed to Congress that the Campaign would rely on the best advice from the public health community, behavioral science, and the best practices of the marketing communications industry.

*Question.* Do you have any idea how much money is being spent by corporate America to support these non-ad programs?

Answer. The Campaign's Corporate Partner program, initiated in September 2001, leverages the communications infrastructures of America's businesses to expand and enhance the Campaign's reach. Approximately \$8 million in non-advertising programs has been contributed by Fortune 500 companies such as Safeway, DKNY, AT&T, Capital One, and Borders Bookstore. Benefits include donated advertising space for current Campaign PSAs; message and resource promotion through millions of direct mail messages, and the opportunity to place anti-drug materials in thousands of retail locations. For example, Safeway launched a national anti-drug advertising and communications effort in more than 1,700 locations and Borders/Waldenbooks will use their network of more than 1,000 stores to distribute the parenting brochure.

An independent assessment of the value of corporate participation, based upon data available from completed activities, will be delivered in a full report to Congress at the conclusion of the year.

The above figures do not include other non-advertising contributions donated by media outlets as a result of an in-kind match via an advertising buy.

#### OTHER ISSUES

*Question.* Mr. Johnston's testimony raises a concern that placing the name "Office of National Drug Control Policy" as a tag line at the end of each ad may be a turn-

off to some adolescents. Similarly, both he and Mr. Burke have questions about whether the “Anti-Drug” branding theme may fall flat with older, at-risk teenagers.

What is your view?

Answer. We agree that placing “ONDCP” at the end of the commercials could be a “turn-off” to some of our target audiences. Similarly we discovered that placing “PDFA” in commercials provides no meaningful benefit to the target audience. These findings were confirmed by early Campaign research.

In marked contrast, “The anti-drug” is a very meaningful research-based theme that youth have embraced as their own. ONDCP conducted extensive research, with high sensation seeking (at risk) teens and tweens from communities across the country to understand how youth would respond to the idea of an “anti-drug”. Kids strongly embraced the idea of an “anti-drug”—something important enough in their lives to stand between them and drugs—and appropriated it for themselves, as “my anti-drug.” Not only did youth of all ages find ownership and empowerment in the idea of an “anti-drug” brand that reflected their own values and passions (i.e., “Soccer. My Anti-Drug,” “Dreams. My Anti-Drug”), they led us to the idea that the brand could serve as an invitation to other youth to reflect on what their anti-drugs might be.

Younger youth spoke very concretely about specific activities or hobbies that they considered anti-drugs (i.e., “Soccer. My Anti-Drug”), and older youth very much endorsed intangible values as their anti-drugs. For older youth, respect of family/friends, their futures, opportunities, and careers were cited frequently as anti-drugs and reflected more aspirational and adult versions of the “anti-drug” brand.

Our research showed us that youth audiences were hungry to know more about, and see and hear what was important in their peers lives that kept them from turning to drugs. Kids wanted to hear what was keeping their peers drug-free. It also serves as an anchor to unify disparate messages that come from a range of volunteer advertising agencies working through the PDFA pro bono process. We strongly believe that the “anti-drug” is relevant for all teens, including the older cohort, though we agree that the treatment of the brand in communications is vital to staying relevant to this more discerning target.

According to public statements by the Partnership for a Drug-Free America in recent weeks, the Partnership informed ONDCP of its concerns with the direction of the campaign as early as October 2000.

*Question.* When you took office in December 2001, did ONDCP staff make you aware of the issues as expressed by the Partnership?

Answer. Yes. I was briefed extensively on the issues as well as analyses that the Partnership had done on the Campaign. Many of the issues PDFA publicly expressed concern about have been corrected. For example, the Campaign now has three message platforms, not 12. Flights of ads are at least 3 months long, not 6–8 weeks. Contrary to some statements made about the Campaign, the value of anti-drug ads placed in the media by the Campaign has never been greater, reaching more than \$220 million in the last year, including pro bono messages. ONDCP will continue to work with PDFA and its partners to address any outstanding issues.

A recent Wall Street Journal article discussing the National Youth Anti-Drug Media Campaign claimed that your office was concerned about a finding that the ads may have encouraged some kids to try drugs, but the Westat reports says that finding was an anomaly within the data.

*Question.* Can you give us a little more insight into this?

Answer. The findings presented in the NIDA/Westat report state that there is little evidence of direct favorable effects on youth. We did not feel that we could or should hide from the findings. For youth aged 12 to 18, there were neither overall change in drug use nor improvements in beliefs and attitudes about marijuana use between 2000 and 2001. For some outcomes and for some subgroups of respondents, the evaluation report raises the possibility that those with more exposure to the specific Campaign ads at the beginning of Phase III of the Campaign had less favorable outcomes over the following 18 months. In particular, 12- to 13-year-olds who report higher exposure to anti-drug ads in the first year of Phase III report a less strong rejection of marijuana use in the next year (a statistically significant finding).

Further analysis is needed to determine whether this finding is simply anomalous or whether it should be used as a basis for inferring a negative Campaign effect. However, as this age group is a key target of the Media Campaign, we feel it would be irresponsible to ignore the data and wait for further waves of data collection before making any changes. Instead, we have worked swiftly to assess how to refocus the Campaign to ensure that it has a positive effect on youth attitudes and behavior about illegal drugs, particularly marijuana.

I understand that your office has stated that the recent “drugs and terrorism” ads have been the most effective issued by the media campaign to date.



*Question.* What evidence do you have to show that these ads changed drug-related attitudes, or reduced drug use among teens?

*Answer.* The ads have generated a large response from across the country. Total teen awareness for the entire drugs and terror campaign reached an impressive 78 percent in early May, with older teens peaking at 86 percent, a significant and unusually high level of awareness for such a new campaign. The campaign also achieved an impressive 66 percent advertising recognition among Adults. (NYAMC Advanced Tracking Study-Milward Brown).

The post-9PM scheduling strategy appears to be quite effective in driving response for drugs and terror advertising. Viewers are directed to [www.theantidrug.com](http://www.theantidrug.com), the Campaign's parenting Web site, where traffic surged after the ads were introduced. From the ads' launch on February 3 through February 27, page views on the site rose more than 21 percent. Visitors to the site doubled from an average 125,000 per month to 250,000, and the time spent at the site by visitors increased from an average 6 minutes to 10 minutes. During the same Feb. 3–Feb. 27 period, 1,282 parents signed up to receive a weekly parenting tips e-mail. Wave 5 of the Westat Evaluation Report will provide more details.

*Question.* How do you intend to balance the campaign's predominant focus on marijuana with emerging threats like methamphetamine and Ecstasy (which have become a serious problem in my state of Rhode Island)?

*Answer.* Marijuana use is the single most prevalent drug used by America's youth. According to the most recent findings from the 2000 National Household Survey on Drug Abuse, 7.2 percent of youth (ages 12–17) reported that they are "current" users of marijuana. Of those same youth, only 0.6 percent report current use of cocaine, and only 0.1 percent report current use for heroin. In the same survey 18.3 percent of youth (ages 12–17) reported using marijuana in their lifetime, with 2.4 percent using cocaine and 0.4 percent using heroin.

Other troubling statistics relating to youth and marijuana are:

- Perceived harmfulness of smoking marijuana regularly decreased among 8th graders from 74.8 percent in 2000 to 72.2 percent in 2001 (Monitoring The Future).
- Early adolescent marijuana use is related to later adolescent problems, such as lower educational achievement, according to a study published in the American Journal of Public Health in 1999.
- More than 3,800 youth aged 12 to 17 tried marijuana for the first time every day in 1999 (the latest year for which data are available) (National Household Survey on Drug Abuse).

As we look to achieve better results, it is clear that we cannot expect to make progress toward our goal of reducing youth drug use until we significantly reduce the use of marijuana, the preponderant drug of choice among youth.

However, fiscal year 2002 Conference report language directed the Campaign to allocate \$5 million (out of the \$180 million appropriated) "for advertising time and space specifically targeted at combating the drug Ecstasy." ONDCP intends to base this effort on anti-ecstasy television ads already developed by the Partnership for a Drug Free America.

This anti-ecstasy advertising will be directed toward youth and will appear on popular youth-oriented network television programs on the key networks that youth watch most, such as WB, MTV, UPN, ESPN, Fox, and Much Music. Programs may include shows such as WB's ("Seventh Heaven," "Gilmore Girls," "Dawson's Creek"); UPN's ("The Hughleys," "Wolf Lake," "The Parkers"); MTV's ("Real World," "WWF Heat"); Fox's ("Mad TV," "Family Guy"); ESPN's Sports Center; and Much Music's ("Live at Much Music," "Oven Fresh"). These programs air in primetime (8–11 p.m.) and late night (11:30 p.m.).

The above schedule is based on ONDCP's April-June 2002 planned television schedule. Actual programs airing ecstasy advertising will vary depending upon availability and scheduling and will air between June and September 2002.

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#### QUESTION SUBMITTED BY SENATOR MIKE DEWINE

*Question.* Do you think that ads portraying the negative consequences of drug use are more effective, (in terms of intention to use and use), than ads that portray positive alternatives to drug use? Please explain your answer based on your research.

*Answer.* No, we do not believe that negative consequence ads on their own are more successful in changing intentions to use. The Campaign's extensive copytesting research has shown that ads developed across both platforms have successfully changed anti-drug attitudes and intentions. The Campaign's research, as well as the behavioral science literature, strongly suggest that the most effective approach to

preventing drug use includes a combination of these messages. Behavioral science experts concur with our qualitative research, underscoring the importance of presenting both negative consequences of use, as well as positive alternatives, in order to most successfully arm youth against potential drug trial or use.

In light of the recent media focus and studies on the importance of social norming<sup>1</sup>, there is even more evidence suggesting that without a positive alternative approach to balance out the more traditional negative consequence messaging youth have received, we will not be able to engage youth and change their drug related intentions and behaviors. That said, we believe that the Campaign can do a better job at achieving that balance: over the past 2 years the focus skewed toward positive alternatives, which is, in part, why our emphasis will be on negative beginning in Fall 2002.

More sharply focused impactful messages are essential regardless of whether they support the negative consequences or positive alternative platforms.

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#### QUESTIONS SUBMITTED TO JAMES F. BURKE

##### QUESTIONS SUBMITTED BY SENATOR BYRON L. DORGAN

*Question.* You unequivocally state that an anti-drug media campaign can be effective on youth behavior. How can we change the current media campaign to do just that?

*Answer.* A return to the focus and basic campaign structure of 1998–99 is the first step that should be taken to improve the National Youth Anti-Drug Media Campaign (NYADMC)’s effectiveness on youth behavior. This means:

- Strategic focus on the risks and social disapproval of drugs (marijuana and other drugs such as methamphetamine and Ecstasy that pose a risk for teens);
- Reaching a communications target of youth 12–17, not focusing exclusively on 11–13 year olds in the hope that we can “inoculate” them against the possibility of drug use for the whole of their adolescent years;
- Involvement of behavioral science on an as-needed basis, as message strategies are being formulated and not during the creative development of messages; and
- Office of National Drug Control Policy (ONDCP) involvement at appropriate checkpoints: approval of messages strategy; initial strategic briefing of Partnership for a Drug-Free America (PDFA)’s volunteer ad agency; creative concept (script or storyboard) approval for production; ONDCP Director’s approval of finished and pre-tested ads for air.

*Question.* Since there are so many players at the table, how would you recommend consolidating the number of consultants?

*Answer.* NYADMC contractors/consultants should be limited to those groups absolutely essential for the administration of an anti-drug advertising campaign. The principal advertising contractor’s role should be limited to media planning and buying, and administrative functions such as trafficking and keeping of talent records. The subcontracting out of ad testing will almost certainly be necessary as well. Where necessary, professional expertise on media planning and buying for key multicultural audiences should be brought on board on a project basis. Academic/behavioral science and target audience consultants should be available to PDFA, to be used on as-needed basis in the development of new creative strategies.

*Question.* Who should be at the table when creating a new strategy or a new ad?

*Answer.* ONDCP and PDFA should be the only players in the development of new message strategies or new ads. As indicated above, PDFA may wish to consult outside experts in the formation of new strategies. Message evaluation /testing will be conducted by independent researchers at the concept and finished stages of creative development. But the actual formation and recommendation of new strategies and ads should be ONDCP’s and PDFA’s province alone.

*Question.* I have heard from a number of groups and individuals stating that the campaign was effective in the beginning but has decreased significantly over the past few years. Since the Partnership plays a key role in the media campaign, what changes can you make as a partner in this project in order to make this an effective campaign?

*Answer.* The major changes that PDFA must make are (a) a more complete commitment to servicing the campaign in the way a blue chip advertising agency would manage a major account, with multiple points of contact and regular, thorough communication; and (b) redoubled efforts, in concert with ONDCP, to streamline the campaign’s creative development process to facilitate the timely delivery of all NYADMC messages, and to insure that all NYADMC ads are tested prior to air to insure their effectiveness.

*Question.* Director Walters alleges that a major problem with the campaign is the lengthy timeline for the development of the creative side of an advertisement. Since Congress intended the Partnership be responsible for the creative side, how can we amend the timeline to meet ONDCP's needs?

*Answer.* First, by reducing the number of parties who have a say in creative development, the creative development timeline can be shortened. In the past, it has been necessary to revise ads in concept and even finished form to address changes in strategy or second thoughts proposed by one party or another after the ad concept has been presented—and this has a significant impact on the time required for completion of messages. Second, however, PDFA can and must seek innovative ways of enabling our volunteer agencies to produce more messages faster than they have in the past. This will mean more careful planning of the creative workload, and thorough strategic briefings to our volunteer agencies; learning from our experience to date which approaches have tended to work better than others; encouraging agencies to develop simple, powerful concepts that can be more readily extended into multiple messages across all media; and developing an “inventory” of messages that can be pressed immediately into service in the event that testing uncovers problems with a planned campaign.

*Question.* According to experts in the advertising field, the ONDCP media campaign is the most diverse of its kind. Diverse means they are devoting resources and media time targeting more ethnic groups than most private industry campaigns. The ONDCP media campaign pays consultants to target American Indians, Hispanic Americans, African Americans, Alaskan Native, Puerto Rico, Asian Americans, Urban Youth, youth/teens, teenagers, and parents. Most private campaigns, including the Truth Campaign preventing smoking, spend resources targeting African Americans, Hispanic Americans, and Asian Americans. How many groups are usually targeted in an ad campaign?

*Answer.* The number of groups targeted in an ad campaign depends principally on (a) the demographics, or desired demographics, of the product or service that is being marketed, and (b) the available advertising budget. PDFA recognizes that there is an added obligation, in a publicly funded public health campaign, to insure that no group is being unfairly deprived of the benefits of the communication.

*Question.* How was the decision made to target all of these groups? Were you involved in that decision?

*Answer.* The roster of targeted groups for the NYADMC was determined by the campaign's advertising contractor and subcontractors. In the first 2 years of the campaign, ads in English (reaching General Market and African American audiences) and Spanish, plus a small number of Asian language ads were produced and distributed; the more ambitious multicultural effort was launched when the new contractor was brought on board in 1999. PDFA was not consulted in this decision process, but our understanding, based on our inclusion in subsequent multicultural “summit” meetings and discussions, is that the multicultural effort was driven by a belief that individual ethnic/racial audiences needed to be addressed in distinctive ways—not just in their native languages, but with different, tailored communications strategies. The decision to reach each of these audiences via customized advertising clearly added significantly to the creative development burden placed on PDFA and its volunteer agencies.

*Question.* Can the targeting of these groups be done by experts in the field pro bono?

*Answer.* The development of creative concepts for multicultural audiences can be achieved pro bono; the barrier that smaller multicultural ad agencies have faced, however, has been fronting the hard costs of production and awaiting ONDCP reimbursement after production was complete. For this reason, PDFA has had to recruit only the largest multicultural agencies (many of them part of larger communications conglomerates) for NYADMC assignments, since only they were able to carry the costs of producing the ads. Looking forward, we will be helped by ONDCP's agreement, just within the past few months, to advance half the cost of production in cases where an agency is simply unable to float the full cost of production.

*Question.* Often times, when people see one of the media campaign ads, they have their own ideas about how they would have written the ad or how they would talk to kids about marijuana or Ecstasy. Some want the ads to be harder hitting; some want them to deliver a more positive message.

How do you decide what the appropriate balance is when talking to kids about drugs?

Is there a science to all of this?

*Answer.* PDFA's model for development of anti-drug messages is grounded chiefly in the findings of the University of Michigan's “Monitoring the Future” survey, which since 1975 has tracked drug attitudes and usage of 8th, 10th and 12th grad-

ers nationally. MTF has found that historically, the two attitudes which correlate most strongly with teen drug use are perception of risk and perceived social disapproval of drugs. Over time, the Partnership has based nearly all its messages on these two strategic pillars—understanding that there are multiple kinds of risk (physical, emotional, psychological, social) and multiple ways of expressing social disapproval (including the communication of “social norms” as a message to teens who tend to overstate the prevalence of drug use among their peers).

PDFa’s message strategies also draw heavily on our own Partnership Attitude Tracking Study (PATS), fielded annually among 8,000 teens and 1200 parents by Audits & Surveys Worldwide, an independent research firm. PATS’ measures of drug-related attitudes—especially perceived risk and perceived disapproval among peers—are particularly useful, and help PDFa determine which specific risks of drug use to focus on in our messages. In addition to PATS, PDFa undertakes major quantitative studies on a project basis—most recently, for example, a study on Ecstasy—to determine which specific risks have most leverage with target audiences.

The “positive” approach referred to by Senator Reed, an approach typified by the “anti-drug” branding which was imposed on NYADMC youth advertising over the last 2 years, finds a receptive audience among many in the public health and social services fields (note: not the target audience) as a “refreshing” alternative to what some of them perceive as the “scare tactics” reflected in past risk messages. It is less clear, however (and it is not supported by the Michigan research), that these positive messages are effective in driving down drug use. The Partnership’s own 1996 segmentation study of teen attitudes towards marijuana, for example, indicated that positive messages are more likely to reinforce the already positive anti-drug attitudes of non-users, while risk messages were more likely to be effective against teens who are attitudinally more susceptible to drug use.

*Question.* What kind of focus groups or other research do you do before developing these ads?

*Answer.* All NYADMC messages are based on strategies which have emerged from behavioral research and have been used in public health campaigns covering a broad range of issues. Additionally, in the initial stage of the campaign, qualitative research (mainly focus groups) was undertaken to identify key strategic ideas that resonated with teens and parents. (A main PDFa concern as the campaign entered its second 2 years was that new and complex strategies were introduced to the campaign, not all of which had been proven as workable in advertising—as opposed to in-school or clinical settings. A result was that PDFa’s volunteer agencies were sometimes asked to “pioneer” the communication via advertising of a classroom technique such as “rule-setting skills for parents”—and finding it unworkable within the limits of a 30-second message.)

Once ad concepts are developed, target audience focus groups are shown each concept and used to determine if the main idea of the message is getting through, and if there are any “red flags”—unanticipated negative consequences of the communication. Once ads have gotten a clean bill of health at the concept stage, have been through the necessary reviews and approvals and have been produced, they are quantitatively tested with their target audiences.

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#### QUESTIONS SUBMITTED BY SENATOR JACK REED

*Question.* According to Mr. Johnston’s testimony there is fairly strong evidence that PDFa’s campaign against inhalants in 1995 had a substantial impact on awareness of the dangers of inhalant use among younger teens. Those ads may have been particularly effective because the dangers of these drugs were not well known at that point.

Do you feel similar results could be achieved with Ecstasy and other new drugs that come onto the scene?

How would you modify the ad campaign to achieve such a result?

*Answer.* The Partnership does believe that similar results can be achieved with Ecstasy. The comparison with inhalants is instructive, because with Ecstasy, as with inhalants, the risks are not well known and the media can play a uniquely powerful role in educating youth and parents about its dangers. PDFa produced in late 2001 a series of new Ecstasy messages targeted to parents and teens, and two of these messages have now been adopted by the NYADMC for use this summer. But given the dramatic increases that we’ve seen in Ecstasy (trial among high school seniors has doubled since 1996, with 12 percent of high school seniors now having tried the drug), and the relatively low perception of its risk among many teens, we believe that Ecstasy should play an even greater role within the NYADMC’s strategic portfolio.

Methamphetamine is another drug where the media can play an important educative role, especially in those regions of the country—the West, Southwest and Midwest—where meth is particularly prevalent and its risks are not always well understood. Meth is not now addressed by the NYADMC.

While there will always be a need to educate youth and their parents about the dangers of emergent new drugs, PDFA also sees great value in addressing the overall behavior of “getting high”—the impulse among many risk-seeking teens to abuse whatever drug happens to be available. The great risk of adolescent drug use is not just the specific effects produced by the drug of the moment, but the longer-term risk of developing a reliance on mind-altering substances to escape from day-to-day concerns or to interact with peers.

*Question.* I understand that a task force that included representatives of ONDCP and PDFA was convened earlier this year to look at a number of current issues in the Media Campaign. Can you comment on the results of these task force meetings.

*Answer.* Task Force was convened earlier this year to look into a number of issues in the Media Campaign. Individual “working groups” within the Task Force addressed issues that the Partnership had been raising for some time: (a) the appropriate age of target youth; (b) the appropriate portfolio of message strategies for target youth; (c) the creative development process; and (d) advertising testing procedures. PDFA and one of its Creative Review Committee members were represented on the Task Force, along with representatives of ONDCP, Ogilvy & Mather, the Ad Council and the Behavior Change Expert Panel (BCEP).

*Question.* Has a report been produced?

*Answer.* The Task Force produced a report, which was presented to ONDCP campaign management in early June. (Those present for ONDCP included the Counsel to the Director and ONDCP’s legislative affairs personnel.)

*Question.* What were the task force’s conclusions, and do you have any concerns about recommendations made by the Task Force?

*Answer.* In its conception, deliberations and recommendations, the Task Force was entirely an effort to effect “evolutionary” change within the unchanging management structure of the campaign. The Task Force recommendations included changes to the age of the youth target (from 11–13 year olds to 14 and 15 year olds) and in the portfolio of youth message strategies (changes proposed by PDFA a year and half earlier), as well as fine-tuning of both the creative development and ad testing procedures. These modifications were agreed to PDFA, and are fine as far as they go. Never contemplated by the Task Force, however, because it was impermissible from ONDCP’s standpoint, was the “revolutionary” change needed to return the campaign to the effectiveness of its first 2 years.

PDFA believes that only “revolutionary” change in the campaign’s structure and processes will make the campaign effective once again. This revolutionary change involves the fencing out of parties other than ONDCP and PDFA from the creative development process. Academic advisors may provide input as necessary when new strategies are required, and contractors may be needed to execute essential functions such as media planning and buying, trafficking and talent record keeping. But the actual formulation of strategy and development of messages must be restored to PDFA, reporting in to ONDCP as administrator of the NYADMC.

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QUESTIONS SUBMITTED TO DR. ROBERT C. HORNIK, PH.D., AND DR. DAVE MAKLAN, PH.D.

QUESTIONS SUBMITTED BY SENATOR BYRON L. DORGAN

*Question.* Your study implies that the Campaign has been “successful” in reaching target audiences, both parental and youth. However, the Campaign has NOT been a success in affecting youth behavior. Has the Campaign, then, been a “success” by that definition?

*Answer.* The Campaign has not been a success in affecting youth marijuana use. Since that is the ultimate criterion for success, the Campaign cannot be judged a success as of yet. The report notes that the Campaign did take the first step down the path to success by getting on the air and being noticed by its audiences. Absent that there would be little chance of ultimate success. However that is only one step on the path to the success that matters, namely, youth behavior change.

*Question.* After a 5-year, nearly \$1 billion media Campaign, originally authorized and funded to positively affect youth drug use, how do you account for an INCREASE in drug use by those targeted by the ads?

*Answer.* We view these results as interim, awaiting confirmation in the next report when we will have the evaluation study’s full longitudinal sample (only 40 per-

cent of the full longitudinal sample was available for the Wave 4 semi-annual report). If the results reported in this, our most recent report, hold up in the next report (due in approximately 5 months), we will consider some possible explanations for the unanticipated negative effect. Two speculations we are considering now: (1) those with high exposure to the ads took away the message that marijuana use was a common behavior (or else why was there so much attention to it) and inferred that most youth were using marijuana which supported their own trial use, and (2) the subgroup of youth who responded to the ads with skepticism showed a boomerang effect—the more they saw the ads the more they reacted against them and the more likely they were to initiate marijuana use—a phenomenon known as reactance<sup>7</sup> in the psychological literature. However, we do not have data yet to support either of these speculations and we think an inference of a negative effect needs to await the next report when we can examine the full sample and address evidence for particular mechanisms of effect.

*Question.* You state that evidence of unfavorable delayed effects on youth could be interim results. Would another year of the Campaign have a positive affect on Youth attitudes? Two Years? Three? The bottom line is, based on your conclusions, can a media campaign alone create the desired results for which the Campaign was originally authorized and funded?

*Answer.* We cannot project what the effects of this Campaign will be in future years. However, there is good evidence from other youth Campaigns, notably those addressing tobacco use, which do show evidence for effects, making it possible that a media campaign can show effects on youth substance use. Also, there is evidence from one field experiment in Kentucky that showed favorable effects of an advertising campaign on marijuana use. Thus the prior history of campaigns indicates that it is possible for a media campaign to affect youth substance use. In this context, it is worth noting that marijuana use (and all drug use) has varied a great deal over time, suggesting that it is not a constant behavior, but one that varies with external influences, reinforcing the idea that it might be affected by a campaign.

*Question.* Director Walters has expressed his desire to now focus the campaign on marijuana use among older teens. How will this change work with your ongoing study based on 12–18 year olds? Is this a different focus and are we starting the research over or is there a way to connect the two?

*Answer.* The sample for the National Survey of Parents and Youth (NSPY) study will be adequate to look at effects on older teens. In our current reports we separate analyses for 12–13 and 14–18 year olds, in any case.

*Question.* Does the focus of the study need to incorporate other intangible factors to accurately reflect youth attitudes and use? Isn't this merely adjusting or tinkering with the data to achieve the desired results?

*Answer.* There are two types of adjustments used in our analysis. The first type is to weight the data in accordance with the sampling plan, to ensure that the results from our sample of parents and youth can be extrapolated to the Nation. This is standard practice in large, complex multistage household surveys, and Westat has developed state-of-the-art software to ensure that the sample weights are as accurate as possible. The second type is to adjust the data for “confounders,” i.e., factors other than exposure that can make estimates of exposure effects misleading. As we note in our prior testimony, it was not feasible for the evaluation to employ a control group that was unexposed to the ONDCP Media Campaign, but in every other way the same as those exposed. Consequently, a straight comparison of high exposure and low exposure youth would be invalid because the two groups potentially differ on many factors other than exposure to the Campaign that might affect outcomes. These are the confounders. It is standard evaluation practice in such situations to attempt to identify and measure potential confounders in advance so their influence on outcomes can be controlled for. Only then is it possible to validly measure the effect of the Campaign. For this evaluation, the identification of potential confounders was an intensive process that included a careful search through the literature and consultation with leading experts in the substance abuse and the communications research fields. These confounders are not “intangibles” as suggested in the question, but specific variables known from prior research to be related to youth drug use. Our current analytic model includes approximately 150 such confounders.

*Question.* What has been the total cost to the government of conducting your study? What do the funds actually pay for?

*Answer.* The Westat contract for the Evaluation of the National Youth Anti-Drug Media Campaign was awarded in September 1998. The contract performance period is 5 years, 7 months, ending in April 2004. The total Westat contract amount is \$34,879,613. As of May 2002, funds expended were about \$27,928,000. The funds

are used for the labor and materials costs of Westat and two subcontractors: the Annenberg School for Communication at the University of Pennsylvania, and National Development and Research Institutes (NDRI). Funds cover project management costs, development of a campaign evaluation plan, development of hard copy and computerized instruments and other survey procedures used in the National Survey of Parents and Youth (NSPY), preparation of the sample design for NSPY, field preparations including recruitment and training of interview staff and data collection of NSPY, data management and processing of NSPY data and data analysis, data file documentation and report generation of the seven semi annual NSPY reports and two special analysis reports.

The Evaluation's cost monitoring system shows that, to date:

- Approximately 4 percent of expended funds went to project management related activities including general project management, client liaison, and briefings/testimony to ONDCP/Congress;
- Approximately 11 percent of expended funds have gone to a variety of activities related to evaluation design including development of the evaluation plan for the Campaign, sample design, development and testing of the NSPY survey's four initial interview and four followup interview instruments, and OMB clearance;
- Approximately 63 percent of funds expended to date went to data collection. In addition to actual implementation and management of the data collection plan, this set of activities also includes a wide variety of activities such as the development and programming of the NSPY survey instruments, the development of several procedures manual and training materials, interviewer recruitment and training, Media liaison activities, and the monthly updating of Campaign ads shown to respondents during their interviews;
- Approximately 9 percent of expended funds have gone to the design, development and maintenance of the NSPY survey management systems, data cleaning activities, database management, and other data processing related activities; and
- Approximately 13 percent of funds expended thus far have gone to activities associated with the development of project reports including sample weighting, data analysis, the design and preparation and distribution of four Semi-Annual Reports of Findings and one Special Report, and related file documentation.

*Question.* The Monitoring the Future annual grant award in 2002 was \$4,729,000 for total costs (that is, direct and indirect costs combined). Westat is contracted at \$7 million annually. Could you please comment on the differences between your two evaluations and if you have ideas on the \$2.3 million difference in cost for two nationwide evaluations

*Answer.* The major differences are that Westat's National Survey of Parents and Youth involve (a) in-home interviewing with (b) both parents and children, and (c) are undertaken all year round, while the MTF surveys are (a) in classroom surveys of (b) youth, and (c) undertaken during the Spring only. NSPY also involves following the same youth (and parents) over time, which is not done for most of the MTF samples.

The MTF studies provide a long time series for youth behavior and attitudes about drugs, and are of great value for detecting trends over time. Their samples are larger than in the NSPY survey, and thus they also can provide precise estimates of small changes over time.

However the NSPY surveys have substantial advantages as well.

Only the NSPY surveys are able to attribute observed trends to the specific influence of ONDCP's National Youth Anti-Drug Media Campaign on youth and their parents. The reasons for this include:

- The NSPY studies have extensive measurement of specific exposure to the Campaign—involving actually showing respondents Campaign ads that have been playing recently and asking about their recall of, and reactions to, these ads. MTF asks a general question about exposure to radio and television anti-drug advertising, but cannot incorporate exposure questions specifically related to the campaign. In the analyses reported in the current semi-annual report of findings, the interim evidence of negative delayed effects of exposure on youth beliefs and behavior, comes largely from the use of these specific measures only possible in NSPY. These unfavorable effects were not detected when parallel analyses were done with the very general sorts of exposure measures used by MTF, (and also available from NSPY). Those potentially negative effects would have been missed if the NSPY analysis had depended only on general exposure measures such as those available from the MTF.
- The NSPY studies are undertaken year round, while the MTF surveys are only administered in the late Spring. This means that the MTF cannot include ques-

tions about specific ads, which vary around the year, and it cannot be sensitive to changes in the Campaign that occur during a given year.

- The NSPY study follows individual youth over time while the MTF surveys, by and large, do not involve repeated interviews with the same individuals. Because the NSPY will eventually involve three separate interviews with each youth, it will enable the evaluation to examine the effects of the ONDCP Media Campaign over time, and in particular show whether early exposure to the Campaign produces more or less likelihood of subsequent initiation of drug use. This is only possible because the same youth are followed for 3 years.
- The MTF surveys do not include parents. The NSPY surveys include parents of the same youth who are interviewed. Thus it is possible only with the NSPY to see the effects of the Campaign on parents, and to see whether any influence of the Campaign on parents actually is passed through to their children. This would not be possible if parents and children within a household were not interviewed and their responses linked for analysis.
- At the request of Congress NSPY results are presented every 6 months, based on new data collection. The MTF surveys, collected on a calendar year basis, could not meet this schedule.
- The NSPY semi-annual reports are based on extensive analysis of Campaign effects evidence on both parents and youth and including trend, cross-sectional and delayed effects analysis, as well as extensive analysis of exposure to a wide range of drug-related messages. MTF analysis is largely restricted to presentation of trend data.

*Question.* Is it true that there were only seven girls in the cohort who were more likely to try marijuana due to exposure to the campaign?

- If so, why was that not defended in the hearing?
- How can you state that as evidence when it is based on only seven individuals? Isn't there a scientific threshold?

*Answer.* In all cases, the analysis of initiation of marijuana use by 12 to 18 year old girls between their initial NSPY interview and their first followup interview was based on more than 7 girls. All results that were reported in the Fourth Semi-Annual Report of Findings as statistically significant used standard scientific criteria (a chance probability less than 5 percent).

There were 855 girls aged 12 to 18 who had never used marijuana when initially interviewed for NSPY (last row of the table below). For this entire age group, 11.8 percent (101 girls) reported they had initiated marijuana use by their first followup interview (raw data percentages in the first row of the table). Among the girls with the lowest level of exposure to ONDCP Media Campaign ads, only 3.6 percent reported marijuana use between their initial and first followup NSPY interviews (raw data percentage). If the entire sample of 855 girls had initiated marijuana use with the same probability as this least exposed group there would have been only 31 girls reporting initiation within the last 18 months (3.6 percent  $\times$  855 girls). Thus, the raw data indicates that if we attribute to a Campaign effect all of the difference between the observed number of girls who initiated marijuana use between interviews (101) and the number of girls one would expect if the sample of girls had little or no exposure to the Campaign (31), the excess initiation by girls associated with Campaign exposure was 70 (101–31), or about 8.2 percent of all the girls. When we take into account the appropriate sample weights and confounder adjustments (the second row in the table), the estimated percentage of girls age 12 to 18 who initiated marijuana use between interviews increases from the 11.8 percent observed from the raw data to 12.9 percent (weighted and adjusted data). This increases the number of girls beyond that expected in the absence of a Campaign effect from 70 girls to 79 girls (12.9 percent—3.7 percent times 855). Thus, both the raw data and the weighted/adjusted data estimates of the number of extra marijuana initiators among girls aged 12 to 18 are at least ten times greater than the “seven girls” indicated in the question.

Percent of girls aged 12–18 who had never used marijuana at their initial NSPY interview, but had initiated use by the first followup interview, 18 months later, by level of Campaign exposure at initial interview.

	Little/no exposure	Moderate exposure	Higher exposure	Total
Percent who initiated marijuana use (raw data) .....	3.6	11.3	17.3	11.7
Percent who initiated marijuana use (adjusted & weighted data) .....	3.7	12.9	21.6	12.9



	Little/no exposure	Moderate exposure	Higher exposure	Total
Raw sample sizes .....	196	335	324	855

QUESTION SUBMITTED BY SENATOR JACK REED

*Question.* You mentioned that while the results of surveys indicate a favorable effect on parents in terms of increased parent awareness and involvement, the surveys also show that the campaign has not had a measurable positive effect on youth marijuana use.

Do you feel that the amount of time covered by the study was sufficient to produce meaningful results?

*Answer.* The study covered 2 years of data collection, and about 18 months between average date of interview in the first survey round and the average date of the fourth survey round. The Monitoring the Future data goes back to before the beginning of the Campaign but did not show any decrease in marijuana use for 10th or 12th graders, and the slight positive trend for 8th graders it showed between 1998–2000 actually began 2 years earlier, before initiation of the Campaign (the decline between 1996–1998 for 8th graders was approximately the same as that observed for the 1998–2000 period).

While there has been a suggestion that change in behavior would take a long time it was expected that changes in beliefs and attitudes would occur more quickly. We have not seen positive trends in behavior or in these intermediate beliefs and attitudes. Nonetheless, we will have additional results to report for data collected through June 2002 (and subsequently data collected through June 2003), and we will be able to see whether an additional 6 months (or 18 months) allows detection of effects. Our next report will be available in approximately 5 months.

CONCLUSION OF HEARING

Senator DORGAN. Thank you very much. This hearing is recessed.

[Whereupon, at 4:27 p.m., Wednesday, June 19, the hearing was concluded, and the subcommittee was recessed, to reconvene subject to the call of the Chair.]